DATE REC'D BY LOCAL

REGISTRAR

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REGISTRAR'S

BECENED

DEC 54 1622

BUREAU V. S.

S. A15 — 10 - 53

DATE REC'D BY REGISTRAR

RESERVED

ARGIN



	. Th	11927 CER	TIFICATE OF DE	EATH Reg. D	ist. No. 13
	ully.	1. PLACE OF DEATH:	2. USUAL RE	SIDENCE (HOME) OF DECEA	SED:
1	item of information carefully.		ARYLAND STATE M	aruland county Fre	derick
	tion	OR and give nearest town)	(in this place) OR TOWN.R.		LIG X
	rma	HOSPITAL OR INSTITUTION OR ASTREET ADDRESS C 1 L L M	STREET	(If rural give locati	
	nfo	3. NAME OF (First) (Middle		K. D. 1	
	item of information of death clearly and	DECEASED: (Type or Print) Anna Rut	h BAKER	4. DATE (Month) OF DEATH: DEC	(Day) (Year) 3 1955
		Female 6. COLOR OR 7. SINGLE, MARRIE WILDOWED, DING (Specify): Wilder	ROED. B. DATE OF BIRTH:	9. AGE last birthday IF UNDER Months	Days Hours Min
) 0	causes	work done during most of working life. OR IN	OF BUSINESS 11. BIRTHPLA	CE (State or foreign country): 1	COUNTRY?
DIN	Supply te the c	13. FATHER'S NAME:	14. MOTHER:	S MAIDEN NAME:	U.S.A.
BINDING	K. Sup write t	Robert Wetzel	Jenni	e Kipe	
FOR	INK.	(Yes no, or unk.) (If Yes, give war or dates of service)	one 17 INFORMA	Bun Mitz	Emmitsbur Md. R.D. 2
		18. MED	ICAL CERTIFICATION	1	INTERVAL BETWEE
RESERVED	ADING	GOO.O IMMEDIATE CAUSE (A)	Uremia		10 days
RES	UNF	ANTECEDENT CAUSE (S)	Urmie Sello	realisation	2 , 4 ,
MARGIN	ITH UNFA Physicians	DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	source (jugar)	ag wax	gare
I K	WI nt.	(C)			
M	~ 4	II OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	TING		
	Zdu	194. DATE OF OPERATION: 198. MAJOR FINDING	S OF OPERATION		20. AUTOPSY?
	PLA ly in	0			YES NO
	WRITE PLAINLY especially import	21a. ACCIDENT WAS UNDERLYING 21s. PLACE OR CONTRIBUTING CAUSE OF DEATH OF INJURY (IF EITHER, NOTIFY MEDICAL EXAMINER)	E (Home, farm, factory, street, office bldg., etc. INJURY Of	RE DID (City or town) (Co CCUR?	ounty) (State)
6	7.0	21D. TIME (Month) (Day) (Year) (Hour) 21E IN OF INJURY M. While at work	Not while	INJURY OCCUR?	
	ge i	22. I hereby certify that I attended the deceas	sed from 14 NOV, 1955, to	3 DEC , 1955, that I I	ast saw the decease
0 - 53	चि छ	alive on 3 DEC. 1955, and that de	eath occurred at 2: 15 P. M. from	m the causes and on the da	te stated above.
- 10	SE TY	23. BURIAL, CREMATION, DATE THEREOF	M. D. Frede	rick, maryland	12/3/55.
115	LEAS	REMOVAE (SPECIFY)	lies Lutheran Church	Emmitsburg Fre	
4	N	DATE DECID BY LOCAL DECICEDABLE CICHAL	THE COMOTON CHARLES	Limital Sparie, 10	المار المارات





MARYLAND STATE DEPARTMENT OF HEALTH

11928

CERTIFICATE OF DEATH

20	MARYLAND STATE DE	PARTMENT OF HEALTH	11926
correct a	1 1 J G ()	TE OF DEATH	
	FOR MEDICA	L EXAMINERS	Reg. Dist. No. 13
The	I. PLACE OF DEATH. COUNTY Fraderal MARYLAND	2. USUAL RESIDENCE (HOME) OF I	DECEASED. COUNTY
fully.	CITY (If outside corporate limits, write RURAL and CENGTH OF STAY OR give nearest town) Town Life Time	CITY (If outside corporate limits, wri OR FREDERICK	te RURAL and give nearest town)
of information carefully. death clearly and legibly.	HOSPITAL OR INSTITUTION OR STREET ADDRESS		APT.
matio arly a	3. NAME OF DECEASED (First) (Middle) (Type or Print) Berther Madalene	Barnes 4. DATE OF DEATH	(Month) (Day) (Year)
infor th cle	5. SEX 6. COLOR OR BLOSE 7. SINGLE, MARRIED, WHOWND, DIVORGED, (Specify) Single	3-24-1895	birthday If under I year If under 24 hrs. Months Days Hours Min.
of dea	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Cleaning Rivare Homes	Mary and	12. CITIZEN OF WHAT COUNTRY? U.S.A.
y ite	ANDREW BARNES	ANN FRANCES M	14eRs
Supply every item write the causes of	15. WAS DECRASED EVEN IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes. no, or unknown) (If yes. give war or dates of service) NONE	17. INFORMANT AND ADDRESS	
supply vrite	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
INK.		· pecturis	15 hour
WITH UNFADING II	Antecedent cause(s) Diseases or conditions, If any, giving rise to the above cause stating the underlying cause last		
FAI Physi	II. OTHER SIGNIFICANT CONDITIONS		
nt. I	Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION) 19b. MAJOR FINDINGS OF OPERATION		1 20. AUTOPSY?
TTH		(CITY OR TOWN)	Yes No A
Y. W	21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF office bldg., etc.) CAUSE OF DEATH.	Frederick F	rederick Md
INL	TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY Mylle at Nnt while work at work	HOW DID INJURY OCCUR?	
WRITE PLAINLY is especially	22. I certify that I took charge of the remains described above, held an obtained by said Autopsy, Inspection or Inquiry, find that said dec	Autopsy [], Inspection , Inquiry eased died on the day stated above, an	thereon and from the evidence d death in my opinion resulted
VRIT	from: natural causes accident , suicide , homicide (Degree or title)	ADDRESS Inderick	DATE SIGNED
(d)	REMOVAL (Specify)		City, town, or county) (State)
PLEA	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 1955 Elis Suttle S. Helb	24. FUNERAL DIRECTOR	rederick - md.

MARGIN RESERVED FOR BINDING

BUREAU V. S.

DEC 84 1822

DECENTED

The

carefully.

MARGIN RESERVED FOR BINDING

CITY (If outside corporate limits, write RURAL OR and give nearest town) Frederick HOSPITAL OR INSTITUTION OR STREET ADDRESS Crutchley Nursing Home 3. NAME OF (First) (Middle) (Last) OF BENNETT OF STAY OF DEATH: December OF DEATH: December OF STAY OF STREET ADDRESS Crutchley Nursing Home 3. NAME OF (First) (Middle) (Last) OF BENNETT OF DEATH: December OF DEATH: Decemb	ederick and give nearest town) (a) eet (Day) (Year) r 13, 1955 IYEAR IF UNDER 24 HRS. Days Hours Min. CITIZEN OF WHAT COUNTRY? USA
OR and give nearest town) Frederick OR Town Frederick Town Frederick OR Town Frederick Frederick Frederick OR Town Frederick Frederick STREET ADDRESS Clif rural give location ADDRESS ADDRESS Clif rural give location Clif rural give location ADDRESS ADDRESS Clif rural give location	and give nearest town) // eet (Day) (Year) r 13, 1955 YEAR IF UNDER 24 HRS. Days Hours Min. COUNTRY? USA
CITY (If outside corporate limits, write RURAL OR and give nearest town) Frederick HOSPITAL OR INSTITUTION OR STREET ADDRESS Crutchley Nursing Home S. NAME OF DECEASED: (Type or Print) S. SEX: 6. COLOR OR 7. SINGLE. MIDOWED. BEIZABETH Female White (Specify): Widow May 25, 1872 10A. USUAL OCCUPATION (Give kind of working life. even if retired) Housework 13. FATHER'S NAME: John S. Hartman 15. WAS DECEASED EVER IN U.S. ARMED FORCES! (Yes, no, or unk.) (If Yes, give war or dates no ferrice) None CITY(If outside corporate limits, write RURAL (In this place) (In this place	eet (Day) (Year) r 13, 1955 YEAR IF UNDER 24 HRS. Days Hours Min. CITIZEN OF WHAT COUNTRY? USA
OR and give nearest town) Frederick HOSPITAL OR INSTITUTION OR STREET ADDRESS Crutchley Nursing Home 3. NAME OF DECEASED: (Type or Print) SEX: 6. COLOR OR 7. SINGLE MARRIED. RACE: WIDOWED DIVERSED. WIDOWED DIVERSED. WIDOWED DIVERSED. WIDOWED DIVERSED. WORK done during most of working life. even if retired) Housework 13. FATHER'S NAME: John S. Hartman 15. WAS DECEASED EVER IN U.S. ARMED FORCES! (Yes, no, or unk.) (If Yes, give war or dates no f service) 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS: 330 East Mrs. Annie E. Kroh, Frederick,	eet (Day) (Year) r 13, 1955 YEAR IF UNDER 24 HRS. Days Hours Min. CITIZEN OF WHAT COUNTRY? USA
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crutchley Nursing Home 3. NAME OF (First) (Middle) (Last) 214 West South Street Address (Type or Print) ANNIE ELIZABETH BENNETT December OF ANNIE (Specify): Widow May 25, 1872 83 yrs. 5. SEX: 6. COLOR OR 7. STREET AND MARRIED. S. DATE OF BIRTH: 9. AGE last birthday is under the Mite (Specify): Widow May 25, 1872 83 yrs. 10A. USUAL OCCUPATION (Give kind of working life. or industry: At Home West Virginia 13. FATHER'S NAME: At Home 14. MOTHER'S MAIDEN NAME: At Home 15. Was Deceased Ever in U.S. Armed Forcest (Yes, no, or unk.) (If Yes, give war or dates no of service) No None Mrs. Annie E. Kroh, Frederick,	cet (Day) (Year) r 13, 1955 I YEAR IF UNDER 24 HRS. Days Hours Min. COUNTRY? USA Third Street.
9 STREET ADDRESS Crutchley Nursing Home 3. NAME OF (First) (Middle) (Last) 4. DATE (Month) OF DECASED: (Type or Print) ANNIE ELIZABETH BENNETT DECAMBE: December of RACE: (WIDOWED, DIVORED) 8. DATE OF BIRTH: 9. AGE last birthday if under the Middle of Wildow May 25, 1872 83 yrs. Months Wildow May 25, 1872 83 yrs. Months Wildow Work done during most of working life. (Specify): Widow May 25, 1872 83 yrs. Months West Virginia 10A. USUAL OCCUPATION (Give kind of working life. OR INDUSTRY: At Home West Virginia 11B. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME: Annie Elizabeth Full 12S. WAS DECEASED EVER IN U.S. ARMED FORCES! (Yes, no, or unk.) (If Yes, give war or dates of service) NO None Mrs. Annie E. Kroh, Frederick,	cet (Day) (Year) r 13, 1955 I YEAR IF UNDER 24 HRS. Days Hours Min. COUNTRY? USA Third Street.
3. NAME OF DECEASED. (First) (Middle) (Last) 4. DATE (Month) OF DECEASED. (Type or Print) ANNIE EZIZABETH BENNETT December. 5. SEX: 6. COLOR OR 7. SINOLE. MARRIED. (Specify): Widow May 25, 1872 83 yrs. Months Wildows May 25, 1872 83 yrs. Months of No Months West Virginia 10. USUAL OCCUPATION (Give kind of working life. even if retired) Housework At Home West Virginia 13. FATHER'S NAME: John S. Hartman Annie Elizabeth Full 14. MOTHER'S MAIDEN NAME: Annie Elizabeth Full 15. Was Deceased Ever in U.S. Ammed Forces; (Yes, no, or unk.) (If Yes, give war or dates of service) No None Mrs. Annie E. Kroh, Frederick,	r 13, 1955 YEAR F UNDER 24 HRS. Days Hours Min. CITIZEN OF WHAT COUNTRY?
DECEASED: (Type or Print) ANNIE ELIZABETH BENNETT OF DEATH: December 1. Sex: 6. COLOR OR 7. SHNOLE MARRIED. 8. DATE OF BIRTH: 9. AGE last birthday 17 UNDER 18 Months 19 Mon	r 13, 1955 VEAR IF UNDER 24 HRS. Days Hours Min. CITIZEN OF WHAT COUNTRY? USA
(Type or Print) ANNIE ELLZABETH BENNEIT DEATH: DECEMOE. SEX: 6. COLOR OR RACE: WIDOWED. DIVORCED. 8. DATE OF BIRTH: 9. AGE last birthday 17 UNDER 9. 1872 83 1872 83 1872 187	r 13, 1955 VEAR IF UNDER 24 HRS. Days Hours Min. CITIZEN OF WHAT COUNTRY? USA
Female White (Specify): Widow May 25, 1872 83 yrs. Months OA. USUAL OCCUPATION (Give kind of working life, even if retired) Housework 108. KIND OF BUSINESS OR INDUSTRY: At Home West Virginia 13. FATHER'S NAME: John S. Hartman IS. WAS DECEASED EVER IN U.S. ARMED FORCES! (Yes, no, or unk.) (If Yes, give war or dates of service) No None Mrs. Annie E. Kroh, Frederick,	Days Hours Min. CITIZEN OF WHAT COUNTRY? USA
Female White (Specify): Widow May 25, 1872 83 yrs. Months OA. USUAL OCCUPATION (Give kind of working life. even if retired) Housework 108. KIND OF BUSINESS OR INDUSTRY: 12. BIRTHPLACE (State or foreign country): 12 West Virginia 13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME: Annie Elizabeth Full 15. WAS DECEASED EVER IN U.S. ARMED FORCES! (Yes, no, or unk.) (If Yes, give war or dates of service) None None Mrs. Annie E. Kroh, Frederick,	CITIZEN OF WHAT COUNTRY?
OA. USUAL OCCUPATION (Give kind of working life. even if retired) Housework 108. KIND OF BUSINESS OR INDUSTRY: At Home West Virginia 114. MOTHER'S MAIDEN NAME: John S. Hartman S. WAS DECEASED EVER IN U.S. ARMED FORCES! (Yes, no. or unk.) (If Yes, give war or dates of service) NO OR INDUSTRY: At Home 114. MOTHER'S MAIDEN NAME: Annie Elizabeth Full 175. INFORMANT & ADDRESS: 330 East of Service) NO OR INDUSTRY: West Virginia 146. SOCIAL SECURITY NO. Mrs. Annie E. Kroh, Frederick,	COUNTRY? USA Third Street.
work done during most of working life. even if retired) Housework At Home West Virginia 14. MOTHER'S MAIDEN NAME: John S. Hartman S. WAS DECEASED EVER IN U.S. ARMED FORCES! (Yes, no, or unk.) (If Yes, give war or dates of service) No None None West Virginia 14. MOTHER'S MAIDEN NAME: Annie Elizabeth Full 17. INFORMANT & ADDRESS: 330 East Mrs. Annie E. Kroh, Frederick,	USA Third Street.
John S. Hartman John S. Hartman S. WAS DECEASED EVER IN U.S. ARMED FORCES! (Yes, no, or unk.) (If Yes, give war or dates of service) NO 14. MOTHER'S MAIDEN NAME: Annie Elizabeth Full 17. INFORMANT & ADDRESS: 330 East Mrs. Annie E. Kroh, Frederick,	Third Street.
(Yes, no. of unk.) (If Yes, give war or dates of service) NO None No. 17. INFORMANT & ADDRESS: 330 East 18. Social Security No. 17. INFORMANT & ADDRESS: 330 East 18. Social Security No. 18. INFORMANT & ADDRESS: 330 East 18. Social Security No. 18. INFORMANT & ADDRESS: 330 East 18. Social Security No. 18. INFORMANT & ADDRESS: 330 East 18. Social Security No. 18. INFORMANT & ADDRESS: 330 East 18. Social Security No. 18. INFORMANT & ADDRESS: 330 East 18. Social Security No. 18. Social Security No. 18. INFORMANT & ADDRESS: 330 East 18. Social Security No. 18. INFORMANT & ADDRESS: 330 East 18. Social Security No. 18. Social S	Third Street.
(Yes, no, or unk.) (If Yes, give war or dates of service) No None No. 17. INFORMANT & ADDRESS: 330 East Mrs. Annie E. Kroh, Frederick,	Third Street.
No of service) No None Mrs. Annie E. Kron, Frederick,	Third Street.
No of service) No None Mrs. Annie E. Kron, Frederick,	
AS MEDICAL GERTIFICATION	Maryland
18. MEDICAL CERTIFICATION	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
332X	- 0-
IMMEDIATE CAUSE (A) Drokewoft out out of the property of th	- Louis
ANTECEDENT CAUSE (8) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DISEASES OR CONDITIONS D	
GIVING RISE TO THE ABOVE CAUSE DIE TO	10 months
STATING UNDERLYING CAUSE LAST.	
260 X (c)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH. Dia he he he likes	61/Rests
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	YES NO XX
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory, 21c. WHERE DID (City or town) (Cour	nty) (State)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY atreet, office bldg., etc. INJURY OCCUR?	(/
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
While Not while	
22. I hereby certify that I attended the deceased from Fee., 1957, to Dec. 13, 1957, that I las	t saw the deceased
alive on	stated above
SIGNATURE / ADDRESS DA	TE SIGNED
M.D. Frederick, Maryland	12/14/1955
23. BURIAL GREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town,	or county) (State)
Burial Dec.17,1955 Mount Olivet Cemetery Frederick, M.	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR	ADDRESS
Mar. Etchison & Son, Frederi	ckk, Maryland

DEC 16 1955

BUREAU V. S.

	11930	CERTIFIC	AIJ	Or D	EAIH	Reg. D	ist. No. 131	
1. PLACE OF DEAT	н:			2. USUAL RE	SIDENCE (HOME) OF	DECEASED	•	
COUNTY Fred	erick	MARYLAN	D	STATE	Maryland	CO	UNTY Freder	ick
OK and give ne	corporate limits, write F arest town) erick		STAY	CITY (If OR TOWN	outside corporate limits, Frederick	write RURAI	L and give nearest	t town)
HOSPITAL OR INSTITUTION OR STREET ADDRES	s 307 West Se			STREET	307 West Seco	rai give locate		
3. NAME OF DECEASED: (Type or Print)	(First) ADDIE	(Middle) RUTH		(Last) ACKWELL	4. DATE (1 OF DEATH:Dec		Day) (Year) 26 1955	
Female Wh	ite WHOW (Specify	ED, DIVORCED, Married Ju	ine l'	F BIRTH:	9. AGE last birthd	if UNDER Months	Days Hours	Min.
10a. USUAL OCCUPA work done during even if retired):	TION. Give kind of 1	Own home		Maryla	ACE (State or foreign	country): I	2. CITIZEN OF COUNTRY? USA	WHAT
13. FATHER'S NAME				14. MOTHER'S	MAIDEN NAME:			
Murray Lamb	ert			Mary E	lizabeth Musse	tter		
15 WAS DECEASED EVER (Yes, no, or unk.) (If Yes, No	IN U.S.ARMED FORCES? Yes, give war or dates of ce)	16. Social Security N				W. 2nd	St Frede	ricl
7	1	8. MEDICAL CERTI	FICATIO	N	ackwell - 307		Md.	
1. DISEASES OR CO	DUE T	Carebral	11	sular	accident		Interval I Onset And	d Deat
Diseases or condi giving rise to the stating the under	tions, if any, (b)	0				******************		
	ANT CONDITIONS ting to the death but not se or condition causing d							
19a. DATE OF OPERA		FINDINGS OF OPERA	ATION				20. AUTO	PSY ?
							Yes N	10 🗆
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLACE OF INJUR	(Home, farm, factory office bldg., etc.)	, street,	(CITY OR	TOWN) (CO	UNTY)	(STATE)	
TIME (Month) (D OF INJURY	ay) (Year) (Hour) m.	INJURY OCCURED While at Not Wh Work At Wor	ile	HOW DID IN	JURY OCCUR?			
	y that I attended the	deceased from	ann					
alive on	20, 19.55, and th	nat death occurred	at7.	:00 A.M.,	ADDRESS	on the da	DATE SIGNED	
23. BURIAL, CREMA	Dec. 29, 19			Y OR CREMAT Cemetery			maryl (Sta	ate)
DATE REC'D BY I				4. FUNERAL			ADDRESS	, we see
STORE 195	5- Elisabet	1. S. Hack	10	C. E. Cli	ne & Son - Fre	derick.	Maryland	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct MARGIN RESERVED FOR BINDING

DEC 58 1822

BUREAU V. S.

MARGIN RESERVED FOR BINDHAG

The correct age

11931

8

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

11929

Reg. Dist. No. 131

1. PLACE OF DEAT COUNTY Fre	n. ederick	MARYLAND	2. USUAL RESIDENCE (I		COUNTY	rederi	ck
CITY (If outside c	orporate limits, write RUR. town) Frederick	AL and LENGTH OF STAY Vin this splace)	CITY (If outside corporate or Freder		JRAL and giv	e nearest town	1)
HOSPITAL OR INSTITUTION OF STREET ADDRE		narts Alley	STREET ADDRESS 413	(If rural, given Klinehar	ts All	еу	/
3. NAME OF DECEASED	(First)	(Middle)	(Last)	4. DATE	(Month)	(Day)	(Year)
(Type or Print)	JAMES	WILLIAM	BLANK	DEATH .	Decemb		1955
Male Male	6. COLOR OR RACE White	7. SINGUE, MARRIED, WIBOWED, BLUGGED, (Specify) Married	16 June 1887		rs. Months	Days Hours	Min.
done during most of	ATION (Give kind of work working life, even if retired)	INDUSTRY Laborer	Maryland	or foreign country)	12	COUNTRY?	WHAT
Henry E			Martha Har			Al	ley
15. WAS DECEASED E	VER IN U.S. ARMED FORCES (If yes, give war or dates of service)	17 16. SOCIAL SECURITY NO.	Mrs. Lillie	DDRESS 4 M. Blank		nehart erick,	
		18. MEDICAL CE	RTIFICATION			1.	
I. DISEASES OR CO	ONDITIONS DIRECTLY		0			INTERVAL B ONSET AND	
420		ayorranag	If am ly	111		15m.	To
Immediai	e cause (a)					y y y	
	nf cause(s) conditions, if any, (b)	V					
giving rise t	o the above cause						
stating the t	anderlying cause last						
Conditions contribu	ICANT CONDITIONS uting to the death but not use or condition causing deat	h monles					
19a. DATE OF OPE		FINDINGS OF OPERATION				20. AUTOF	SYI
	\ \					Yes 🗆	No No
21. EXTERNAL CA PRIMARY □ or CO CAUSE OF DEATH	USE WAS ONTRIBUTING OF H. 200 INJU	CE (Home, farm, factory, street, office bldg., etc.)	Freder	rown gral gra	(COUNTY)	& m	E)
TIME (Month) OF INJURY	(Day) (Year) (Hour)	INJURY OCCURRED While at Not while work at work	HOW DID INJURY OC	CUR?			
22. I certify that I	took charge of the rema	ins described above, held an A r Inquiry, find that said dece	Autopsy , Inspection	; Inquiry [] t	hereon and	from the evi	dence
from: natural SIGNATURE	causes accident], suicide [], homicide [], (Degree or title)	undetermined .	suck m	٠	DATE SI	
Ba	Homash		died spanns	rer	12/9/3	5	
BULLIAL (Spre	rity) 12 Dec	55 Rocky Spr	ings Cem.	LOCATION (City, Frederic	CO.,	Maryl	
PATE REC'D BY	LOCAL REGISTRAR'S	SIGNATURE .	M. R. Etchis		, Fred	address erick,	Md.
	7						

DEC IS 1922

CERTIFICATE OF DEATH

E.C. RETURNING WAR

MEDICAL CONTRACTOR STATE

and the control of the son of the

the first that the same of the

3201 A NAL

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

NSTRUCTIONS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11931

CERTIFICATE OF DEATH 11957

131 Reg. Dist. No...

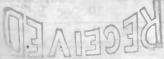
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECI	EASED
COUNTY Frederick MARYLAND	STATE Maryland COUNTY FI	rederick
OR end give neerest town) CITY (If outside corporate limits, write RURAL LENGTH OF STAY (In this place)	CITY (If outside corporete limits, write RURAL end g	live neerest town)
Frederick-Rural RD#5 2 Weeks	Frederick-Rural RD#3	3 ×
HOSPITAL OR INSTITUTION OR STREET ADDRESS Montevue	STREET (If rure) give to ADDRESS Yellow Springs	cetion)
3. NAME OF (First) (Middle) DECEASED	(Lest) 4. DATE (Month)	(Dey) (Year)
(Type or Print) GEORGE WILLIAM	CREBBS DEATH Dece	ember 17, 10 55
S. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DA	ATE OF BIRTH 9. AGE lest birthday IF	UNDER 1 YEAR IF UNDER 24 HRS
Male White Specify Single 7	July 1875 80 yrs. M	onths Deys Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT
done during most of working life, even if Pay Laborer Day Laborer	Maryland	USA USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
John B. Crebbs	Margaret Holtzapple	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO	D. 17. INFORMANT & ADDRESS	
(Yes, no or unk.) (If Yes, give wer or detes of service)	Elmer R. Crebbs, RD#3,	Frederick, Md.
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	CERTIFICATION	INTERVAL BETWEEN
11221	a my cardites	ONSET AND DEATH
The state of the s	a major (a calle (1.)	uner.
DISEASES OR CONDITIONS, IF ANY, (B)	1 lottin	week.
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	22.53.40	
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH		
190. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES NO X
21e. ACCIDENT WAS UNDERLYING ☐	21c. WHERE DID INJURY OCCUR? (City or town)	(County) (State)
21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY OCCURRED While M. Hort while et work et work	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from	4, 1955, to Dec 17, 1955,	that I last saw the deceased
alive on 4 , 19 , and that death occurre	d at 11:30Am from the causes and on the date	stated above
SIGNATURE	ADDRESS (Street, city, town, st	
1 Tilliam M.D.	Frederick, Maryland	19 Dec 1955
23. BURIAL, CREMATIONS DATE THEREOF NAME OF CEMETERS		
Burial 20 Dec 1955 Pleasant !	Hill Cemetery Near Yellow	Springs, Md.
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
DATE 20 Dec. 1955 Elizabeth & Heck	M. R. Etchison & Son, Fred	lerick, Maryland

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11932 CERTIFICATE OF DEATH

11932

Reg. Dist. No. 131 1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED Frederick Maryland Frederick COUNTY MARYLAND COUNTY (If outside corporate limits, write RURAL LENGTH OF STAY (If outside corporate limits, write RURAL and give naarest town) end give nearest town) (in this place) TOWN TOWN Frederick Years Frederick HOSPITAL OR STREET (If rural give location) INSTITUTION OR ADDRESS STREET ADDRESS Frederick Memorial Hospital 150 West South Street 3. NAME OF (First) (Middle) (Lest) 4. DATE (Month) (Yaar) DECEASED OF DEATH (Type or Print) MEHRI. COLUMBUS CRIMMTTT December 5. SEX 6. COLOR OR SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS WIDOWED, DINORCED RACE Hours (Specify) Male White Married May 29. 1892 Yrs. 10e, USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) CITIZEN OF WHAT dona during most of working life, even if COUNTRY? Engineer Railroad Maryland USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary Creager Albert Crummitt 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT & ADDRESS 450 West South Street. (Yes, no, or unk.) (If Yes, give war or dates of service) 705-12-3741 Mrs. Mabel M. Crummitt. Frederick, Md. INTERVAL BETWEEN I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH IMMEDIATE CAUSE DUE TO ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES TY NO 21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 21c. WHERE DID INJURY OCCUR? (City or town) (County) (Stata) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Dey) (Yaar) 21a. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? While Not while at work at work 22. I hereby certify that I attended the deceased from 1955, to Dec 15, 1957, that I last saw the deceased 19.555, and that death occurred at 3:45A.M. from the causes and on the date stated above. alive on Tac. 4 SIGNATURE ADDRESS (Street, city, town, state) Frederick, Maryland BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State) REMOVAL (SPECIFY) Dec. 19, 1955 REGISTRAR'S SIGNATURE Frederick Memorial Park Burial norial Park | Frederick, Maryland
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24. REC'D BY REGISTRAR DATE 16 Dec 1950 M. R. Etchison & Son, Frederick, Maryland MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, IS

TUST CERTIFICATE OF DEATH

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24 hours after death.

the registrar within 72 hours after death. After this in by the funeral director, the third copy of this

TO FUNERAL DIRECTOR: The law requires that the death certificate be filled with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11953 CERTIFICATE OF DEATH

11933

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Frederick MARYLAN	ND STATE Maryland COUNTY Frederick
CITY WE ALL THE TANK TO DEPOSIT OF CO	CITY OF THE PROPERTY OF THE PR
OR end give neerest lower Ck	Trs; OR Brunswick
HOSPITAL OR INSTITUTION OR STREET ADDRESS 516 West Potomac	STREET ADDRESS 16 West Potomac (If rurel give location)
3. NAME OF (First) (Middle) DECEASED (Type or Print) Bessie Broome I	Danner 4. Date (Month) (Day) (Year) OF I2 22 19
s. sex 6. color or 7. single, married, wildowed divorced, Wishord Wish	8. DATE OF BIRTH 8-23-1876 9. AGE lest birthdey 79 IF UNDER 1 YEAR IF UNDER 24 HI Hours Min
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) 10b. KIND OF BUSINESS HOLDSTRY	11. BIRTHPLACE (State or foreign country) Maryland 12. CITIZEN OF WHAT U. SUMRY?
3. FATHER'S NAME John Thomas Williams	Virginia A.Denton
IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURI (Yes, ho, or unk.) (If Yes, give walk prodetes of service)	Doras Robertson, Brunswick, Md.
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 150. O IMMEDIATE CAUSE ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)	interval between onset and death onset and dea
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
190. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES NO
21e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21b. PLACE (Home, form, fectory, OF INJURY street, office bidg., elc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY OCCURR While Not w et work	while —
SIGNATURE	ccurred at
Burla 12-26-55 Park	mHeights Brunswick, Maryland
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE C.H.Feete and Bro.Brunswick, Md.

BY HEOMYCAR - NTIARY OF PRINTER VALUE OF ALLYROUS AND THE PIAST CERTIFICATE OF DEATH the first see delinerale Co. 02 010 000 parcies see drig sake me Romer OCCI * Telwinster, conjection of the 0000

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

TO ATTENDING

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11934

CERTIFICATE OF DEATH 11958

131 Reg. Dist. No.....

			The state of the s	DENCE (HOME) OF D		
county Frederick	MARYL	AND	STATE Mar	yland county	Frederi	ick
CHTY_ (If outside corporete limits, write RUR	AL LENGTH O		CITY (If outside of	corporete limits, write RURAL	and give neerest lown)	
OR end give neerest town		Days	TOWAL	Frederick		- 11
HOSPITAL OR	OLax 1 Ja .	Days	STREET		ve location)	//
INSTITUTION OR STREET ADDRESS		77	ADDRESS	(2 (22 1) 22		. /
3. NAME OF (First)	County Chronic	Hospit	(Last)	616 North Ma		
DECEASED	(widdle)		(Last)	4. DATE (Mo	nth) (Day)	(Yeer)
(Type or Print) RESTA	LEVI		DELAUTER	DEATH I	ecember 3	31, 19 55
5. SEX 6. COLOR OR 7.	SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE C	OF BIRTH	9. AGE lest birthdey	IF UNDER 1 YEAR	IF UNDER 24 HE
Male White	(Specify) Widower	Anons	t 22, 1887	68 yrs.	Months Days	Hours Min
Tue, USUAL OCCUPATION (Give kind of work	106. KIND OF BUSINES		11. BIRTHPLACE (State or		I 12. CITIZE	N OF WHAT
done during most of working life, even if retired)	OR INDUSTRY				COUN	TRY?
13. FATHER'S NAME	Painter		Mar I 14. MOTHER'S MAIN	yland	USA	
IS. PATHER'S NAME			14. MOTHER'S MAIL	DEN NAME		
George W. De			Ch	arlotte Hoove	r	
15. WAS DECEASED EVER IN U. S. ARMED FO		URITY NO.	17. INFORMANT	& ADDRESS	rs,53 Tane	v Ants.
(Yes, no, or unk.) (If Yes, give wer or detes of	219-05-6	298	Mrs. Alf	rd F. Brashes		-
I DISEASES OR CONDITIONS DIRECTLY LEADING	18. ME	DICAL CER	RTIFICATION			VAL BETWEEN
ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. OLD (C)	10	en So	Merco is		24	esof
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19e. DATE OF OPERATION 19b. MA		N			20. YES	. AUTOPSY?
OTHER SIGNIFICANT CONDITIONS CONTRIBLE TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19e. DATE OF OPERATION 19b. MA 21e. ACCIDENT WAS UNDERLYING 21b.	JTING	ry, :	21c. WHERE DID INJURY O	CCUR? (City or town)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19e. DATE OF OPERATION 19b. MA 21e. ACCIDENT WAS UNDERLYING 21b. OR CONTRIBUTING 2 CAUSE OF DEATH OF (IF EITHER, NOTIFY MEDICAL EXAMINER)	JOR FINDINGS OF OPERATIO D. PLACE (Home, ferm, fector INJURY street, office bidg., etc. (Hour) 21e. INJURY OCCI While No.	ry, c.)	21c. WHERE DID INJURY OF		YES	□ NO I
OTHER SIGNIFICANT CONDITIONS CONTRIBLE TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19e. DATE OF OPERATION 19b. MA 21e. ACCIDENT WAS UNDERLYING 21b. OR CONTRIBUTING CAUSE OF DEATH OF (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Dey) (Yeer) 22. I hereby certify that I attended.	JING JOR FINDINGS OF OPERATIO PLACE (Home, ferm, fector INJURY street, office bidg., etc (Hour) 21e. INJURY OCCI White No et work et ed the deceased from.	URRED of while of work	21f. HOW DID INJURY O	CCUR?	(County)	(Siete)
OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19e. DATE OF OPERATION 19b. MA 21e. ACCIDENT WAS UNDERLYING 21b. MA 21e. ACCIDENT WAS UNDERLYING OF OF DEATH OF (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Dey) (Yeer) 22. I hereby certify that 1 attendalive on 19.20.	JING JOR FINDINGS OF OPERATIO PLACE (Home, ferm, fector INJURY street, office bidg., etc (Hour) 21e. INJURY OCCI White No et work et ed the deceased from.	URRED of while of work	21f. HOW DID INJURY O	CCUR?	(County)	(Siete)
OTHER SIGNIFICANT CONDITIONS CONTRIBLE TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19e. DATE OF OPERATION 19b. MA 21e. ACCIDENT WAS UNDERLYING 21b OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Dey) (Yeer)	JING JOR FINDINGS OF OPERATIO PLACE (Home, ferm, fector INJURY street, office bidg., etc (Hour) 21e. INJURY OCCI White No et work et ed the deceased from.	URRED of while of work	216. HOW DID INJURY O	CCUR?	(County), that I last saw date stated above	(Siete)
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19e. DATE OF OPERATION 19b. MA 21e. ACCIDENT WAS UNDERLYING 21b. MA 21e. ACCIDENT WAS UNDERLYING 70b. MA 21d. TIME OF INJURY (Month) (Dey) (Yeer) 22e. I hereby certify that 1 attendable on 19b. MA 21d. Time of Injury (Month) (Dey) (Yeer)	JING JOR FINDINGS OF OPERATIO PLACE (Home, ferm, fector INJURY street, office bidg., etc (Hour) 21e. INJURY OCCI While No et work et ed the deceased from.	URRED of while occurred at	216. HOW DID INJURY O	CCUR? 3/, 1933 ne causes and on the DDRESS (Street, city, tow	(County), that I last saw date stated above yn, state)	(Siete)
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19e. DATE OF OPERATION 21e. ACCIDENT WAS UNDERLYING 21b OR CONTRIBUTING CAUSE OF DEATH OF (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Dey) (Yeer) 22. I hereby certify that I attendalive on 19 20. SIGNATURE	JOR FINDINGS OF OPERATIO PLACE (Home, ferm, fector INJURY street, office bidg., etc. (Hour) 21e. INJURY OCCI While et work et work et work at the deceased from.	URRED of while of work	21f. How did INJURY O	CCUR?	(County) , that I last saw date stated above to, state)	(Siete) / the decease
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19e. DATE OF OPERATION 19b. MA 21e. ACCIDENT WAS UNDERLYING 10c CONTRIBUTING CAUSE OF DEATH OF OF CONTRIBUTING CAUSE OF DEATH OF (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Dey) (Yeer) 22. I hereby certify that I attend alive on SIGNATURE 23. BURIAL, GREMATION, REMOVAL (SPECIFY)	JOR FINDINGS OF OPERATIO PLACE (Home, ferm, fector INJURY street, office bidg., etc. (Hour) 21e. INJURY OCCI While No. et work et et the deceased from. REOF NAME OF	URRED occurred at	216. HOW DID INJURY OF LA., 1953, to \$2.1.35PM, from the Freder CREMATORY	ccur? 3/, 1955 ne causes and on the DDRESS (Street, city, tow ick, Maryland LOCATION (City, tow	(County) , that I last saw date stated above (vn., state) 1/2 2/2, or county)	(Siete) / the decease ATE SIGNE (Stete)
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19e. DATE OF OPERATION 19b. MA 21e. ACCIDENT WAS UNDERLYING 21e. OF CONTRIBUTING 21e. CAUSE OF DEATH OF (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Dey) (Yeer) 22. I hereby certify that I attend alive on 3	JOR FINDINGS OF OPERATIO PLACE (Home, ferm, fector INJURY street, office bidg., etc. (Hour) 21e. INJURY OCCI While No. et work et et the deceased from. REOF NAME OF	URRED occurred at	21f. How did INJURY O	ccur? 3/, 1955 ne causes and on the DDRESS (Street, city, tow ick, Maryland LOCATION (City, tow	(County) , that I last saw date stated above to, state)	(Siete) / the decease ATE SIGNE (Siete)

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N UNATRUA	andreit An one anexilent		

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	LITENDING MYSICIAN OR HOSPITAL: The law requires that the death certificate be executed bottom copy may be retained by the hospital or attending physician.	UNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 7. rificate has been executed by the attending physician and completely filled in by the funeral d
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	NTTENDING MYSICIAN OR HOSPITAL: The law requires that subtom copy may be retained by the hospital or attending physician.	UNERAL DIRECTOR: The law requires that the death certificate be filed with tiflicate has been executed by the attending physician and completely filled.
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11935

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1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEAS	ED C
COUNTY FREDERICK	MARYLAND	STATE Marylandounty Fre	eleRICK
CITY (If outside corporeta limits, writa RURAL OR and give pagest town)	LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give no	perest town)
OR and give nearest lown) Level CK	(in this place) 4 Day 5	. Frederick	11
HOSPITAL OR INSTITUTION OR FREDERICK MS	morial Hospita	STREET ADDRESS 7 West All Se	into Street
3. NAME OF DECEASED (Typa or Print)	(Middle)	DISNey 4. DATE (Month) OF DEATH Decemb	(Day) (Yaar) or 26 19 55
5. SEX 6. COLOR OR 7. SINGLE, A	MARRIED, 8. DATE	OF BIRTH 19. AGE last birthdey 1 IF UND	ER 1 YEAR IF UNDER 24 HRS.
Female Colored (Specify)	5, wyle Dec.	22,1955 . Months	Deys Hours Min.
	O. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) MARYLEND	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Paul Bowie		Dorothy Mae DISN	ey
15. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS	7-W. ALI
(Yes, no, or unk.) (If Yes, give wer or dates of service)		Dorothy DISNEY	de into Ca
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DE	18. MEDICAL CE	ERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
7735 IMMEDIATE CAUSE (A)	Scherema		3 clave
ANTECEDENT CAUSE(S) DUE TO			
DISEASES OR CONDITIONS, IF ANY, (B)	Premade	auti	
GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. (C)		-	
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING			
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
196. DATE OF OPERATION 196. MAJOR FINDS	INGS OF OPERATION		20. AUTOPSY? YES NO
21a. ACCIDENT WAS UNDERLYING 21b. PLACE OR CONTRIBUTING CAUSE OF DEATH OF MULRY st	(Home, farm, factory, reet, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (Co	yes NO (Stata)
(IF EITHER, NOTIFY MEDICAL EXAMINER)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.	21e. INJURY OCCURRED Whila Not while at work at work	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the c			I last saw the deceased
alive on 12 - 2 - 6, 19 5 1,	and that death occurred	at 3. 45 PM, from the causes and on the date state	ed above.
SIGNATURE	. ,	ADDRESS (Streel, city, town, steta)	DATE SIGNED
23. BURIAL, CREMATION, DATE THEREOF	M.D.	220 h. make F 81.	15-56-73
REMOTAL (SPECIFY)	- h +	R CREMATORY LOCATION (City, town, or coun	(Stata)
21. REC'D BY REGISTRAR REGISTRAR'S SIGNA	3 BAFION	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
DATE 28 Dec 1955 Elizabete	& Heck	Chas E Hicks F	ed. Md.
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11936

11959 CERTIFICATE OF DEATH

Reg. Dist. No. 131

OR and give nearest town) CHAT (If outside corporate limits, write RURAL LENGTH OF STAY (in, this place) OR OR	D:
OR and give nearest town) CHOT (If outside corporate limits, write RURAL LENGTH OF STAY (in this place) OR	
OR and give nearest town) CHT (If outside corporate limits, write RURAL LENGTH OF STAY (in this place) OR OR	COUNTY Frederick
OR and give nearest town) (in this place) OR	
TOWN Urbana - 7 miles S.	
HOSPITAL OR INSTITUTION OR STREET ADDRESS (If rural give local street ADDRESS)	
3. NAME OF (First) (Middle) (Last) 4. DATE (Month) OF OF DECEASED: (Type or Print) Mary Rosalia Dudderar Dece	(Day) (Year) 28 19 55
5. SEX: S. COLOR OR RACE: WIDOWED, DIVORCED, WIDOWED, DIVORCED, USpecify): Widowed Jan. 4-1868 87 yrs.	
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME:	
John C. Kidd Ann Howard	
15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: 17. INFORMANT & ADDRESS: (Yes, no, or unk.) (If Yes, give war or dates of	
No service) None Mrs. Dorothy D. Hull(daughter)	Urbana-Md.
18. MEDICAL CERTIFICATION	Interval Between
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Orthris—Sellratic Reard dis. DUE TO	6 yrs.
(c)	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Our cultural full full forms of the disease or condition causing death.	2 whe
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY ? Yes □ No 🔀
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) SUICIDE (Specify) OF office bldg., etc.)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURED HOW DID INJURY OCCUR? While at Not While Work At Work	
22. I hereby certify that I attended the deceased from,1951, to 28 Dec. , 1955, that I	
alive on 2.7 Alle, 19.55 and that death occurred at 4. A.M., from the causes and on the description of the causes are description	

DESCRIPTION OF DEATH.

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BUREAU V. E.

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MARYLAND	STATE	DEPARTMENT	OF	HEALTH—BALTIMORE,	18
11960	CIPI	TITLE A TITLE	OI	THE A PULL	

CERTIFICATE OF DEATH

Item 9,FilmGl90 12-23-55 et	Reg. Dist.	No
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
county Frederick MARYLAND	STATE Maryland count	TY Frederick
OR and give nearest town) Frederick — Rucol CHT (If outside corporate limits, write RURAL LENGTH OF STAY (in this place)	OR TOWN Frederick Runal	d give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Montevue County Home	STREET (If rural give location) ADDRESS Montevue County Home	1
3. NAME OF (First) (Middle) DECEASED: (Type or Print) JOSEPH	(Last) 4. DATE (Month) (Day) OF DEATH: December 19	19 55
RACE: WIDOWED, DIVORCED,	OF BIRTH: 9. AGE last birthday: If under I ye ADDIOX. Months Da	
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Unknown	R 11 BIRTHPLACE (State or foreign country); 12. C	ITIZEN OF WHAT OUNTRY? USA
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Mat Burras (Eldridge)	Maggie Hill	
15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: 17.	. INFORMANT & ADDRESS: Montevue County Home - Frederick,	Maryland
18. MEDICAL CERTIFICATI		Interval Between
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		Onset And Death
Immediate cause (a) Chronic	myocardites	3410
DUE TO	1,	
Antecedent causes (s) Diseases or conditions, if any, (b)	- nu pluctes	340
stating the underlying cause iast. DUE TO	Felerosi	3415
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY ?
		Yes No No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street OF office bldg., etc.) IOMICIDE INJURY		TATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURED While at Not While INJURY m. Work At Work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from alive on 19.13, and that death occurred at SIGNATURE (Degree or titie)	3:00 P.M. from the causes and on the date s	saw the deceased stated above. TE SIGNED
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE REMOVAL (Specify) Dec. 20, 1955 Anatomical E	ERY OR CREMATORY LOCATION (City, town, or cou	Maryland
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS

C. E. Cline & Son - Frederick, Maryland

PLEASE WRITE PLAINLY, WITH

TESTRONECTIVE THE TRANSPARENCE HAS TANDED FOR THE STATE OF TANDEST FOR THE STATE OF THE STATE OF

HITTERS HO SKYNEYSTEN

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of Country Sides - Freezelfel, Ediffered at			

BUREAU V. S.

DEC SI 1952

BECEINEL

VS A15C 1-55 10M

NE.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11938

<u> </u>	301 CEK	IIFICAII	OF DEA	Reg.	Dist. No.	31
1. PLACE OF DEATH			2. USUAL RESIDE	NCE (HOME) OF DECI	EASED	
COUNTY Frederick	2	MARYLAND	STATE Maryla	nd county Fr	rederick	
OR end give neerest town)	its, write RURAL	LENGTH OF STAY	CITY (If outside corp	orete limits, write RURAL end g		
Frederick-	-Rural RD#3	(in this plece) Years		rick-Rural RD#	# 3	X
HOSPITAL OR INSTITUTION OR STREET ADDRESS Near	Wellow Spring	S	STREET ADDRESS Near	(If rurel give lo Yellow Spring		1
3. NAME OF (FI	rst)	(Middle)	(Lest)	4. DATE (Month)	(Dey)	(Year)
(Type or Print)	RIAH VE	RNON I	FEAGA	DEATH Dece	ember 17,	19 55
5. SEX 6. COLOR OR	7. SINGLE, MARR	HED, 8. DATE O				F UNDER 24 HRS
Male White	(Specify) Wi	dowed 20 Jul	Ly 1870	85 yrs. Me	onths Deys	Hours Min.
10e. USUAL OCCUPATION (Give kind done during most of working)	nd of work 10b. Kill	ND OF BUSINESS	11. BIRTHPLACE (State or for	eign country)	12. CITIZEN	
retired) Farmer		m Owner	Maryland		USA	(1 f
13. FATHER'S NAME		THE REPORT OF THE PARTY.	14. MOTHER'S MAIDEN	NAME		
Unknown			Julia A.	R. McLane		
15. WAS DECEASED EVER IN U. S.		S. SOCIAL SECURITY NO.	17. INFORMANT &	ADDRESS 408 C	uller Av	e.,
(Yes, no, or unk.) (If Yes, give we	er or detes of service)	None	Russell S	. Feaga, Frede	erick, Md	•
T DISEASES OR CONDITIONS DIRECTED AND A LANGE TO THE PROPERTY OF THE PROPERTY	ECTLY LEADING TO DEATH	Corona	er Heron	basic	INTERV ONSET	AL BETWEEN AND DEATH
ANTECEDENT CAUSE(DISEASES OR CONDITIONS, IF A GIVING RISE TO THE ABOVE CA STATING UNDERLYING CAUSE L	NY, (B)	Thronic	mywca	rolitis	54	20f
TO THE SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELATE DISEASE OR CONDITION CAUSIN	IS CONTRIBUTING					
19e. DATE OF OPERATION	196. MAJOR FINDINGS	OF OPERATION			20. YES [AUTOPSY?
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH OF INJURY street,	e, ferm, fectory, office bldg., etc.)	21c. WHERE DID INJURY OCCU	JR? (City or town)	(County)	(State)
21d. TIME OF INJURY (Month) (Whi	INJURY OCCURRED Not while et work	21f. HOW DID INJURY OCCU	JR?		
22. I hereby certify tha alive on SIGNATURE		that death occurred at	9:45AM, from the	causes and on the date press (Street, city, town, styland	stated above.	the deceased
23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY OR	CREMATORY	LOCATION (City, town, or		(State)
Burial	20 Dec 1955	Mount Olivet	Cemetery	Frederick, M	aryland	
24. REC'D BY REGISTRAR	REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S		ADDRESS	
DATE 19-DOC-1955	Elizabeth	. Heck	M. R. Etchise	on & Son, Fred	lerick, Ma	aryland

MTAGO CORTIGOR DEATH Mrs. Day, Mr. 133. THE ARDED TO SELECT THE PROPERTY OF STREET, ST FENDY . L. COLUBI MILE THE PERSON OF LINE OF THE PROPERTY OF BUREAU V. S. DEC DI JORP ceres remark of beenful for yilling ventral 1983.

DELETE STATE OF STREET STATE OF STREET

Thurmont

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1	1024	CERTIFICATE	OF	DEATH
2	1934	CERTIFICATE	OH.	DEATH

	7. T	11934 CERTIFICATI	E OF DEATH Reg. Dist.	No. 131
180	carefully legibly.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	D:
143	are	COUNTY Frederick MARYLAND	STATE And COUNTY The	dent
7		CITY (If outside corporate limits, write RURAL LENGTH OF STAY (in this place) Town Frederick Minutes	OFFII outside corporate limits, write RURAL a OR LOWN Lewistown Rupal	nd give nearest town)
-/	y a	HOSPITAL OR	STREET (If rural give location)	
1	information clearly and	69 STREET ADDRESS Frederick Memorial	ADDRESS	
C	ii.			Day) (Year)
	m of death	DECEASED: (Type or Print) Zacharias Ursinius	ror Dec.	14 1955
	ite of	RACE: WIDOWED, DIVORGED,	OF BIRTH: 9. AGE last birthday IF UNDER 1 Y	Pays Hours Min.
Ö	causes	10A. USUAL OCCUPATION (Give kind of work done during most of working life. OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12. Thurmont Fredk Co Md	CITIZEN OF WHAT
Z	1 c	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	-
BINDING	Supply te the c	7 + 1	\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \	
8	Su	Marlin Vand firm	Mary Leaser	
	K. Su write	(Yes, no, or unk.) (If Yes, give war or dates	17. INFORMANT & ADDRESS:	
FO	IN se	no of service)	Devera Terror, I hum	a. A har tran
a	DING: plea	18. MEDICAL CERTIFICAT I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ION ()	INTERVAL BETWEEN
V.	AIC p	420.0	7 .	ONSET AND DEATH
ER	√ v	IMMEDIATE CAUSE (A) Acute /	ulmonary Edema	2hrs.
ES	NF	ANTECEDENT CAUSE (S)		2
MARGIN RESERVED FOR	ITH UNF Physician	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) Arteriose Due to	cleratic Heart Disease	yrs.
RG	H .	(C)		
MA	- 2	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
	IL.	DISEASE OR CONDITION CAUSING DEATH.		
	LAINLY, W	19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	1	20. AUTOPSY?
	/RITE PI especially	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory. 21c. WHERE DID (City or town) (Count etc. INJURY OCCUR?	ty) (State)
	> m	OF INJURY OF INJURY	21F, HOW DID INJURY OCCUR?	
	G e	22. I hereby certify that I attended the deceased from 1.2/1	and professional and a second a	saw the deceased
53	0	alive on 12/14, 1955, and that death occurred at	/0 M, from the causes and on the date	
- 01	SE TYPE	-SIGNATURE	115 11 11251	TE SIGNED
7	SE		ERY OR CREMATORY LOCATION (City, town, or	county) (State)
A15-	EAS	23. BURIAL CREMATION, DATE THEREOF NAME OF CEMETI REMOTAL (SPECIFY) BUTIAL Dec. I7.1955 Blue Ric		county) (State)
A.	3	201202 2000 2702/// 2200 1120		

DEC 19 19ES

BUREAU V. S.

A15C 1-55 10M

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11940

CERTIFICATE OF DEATH Film

11935

Reg. Dist. No. 131

1. PLACE OF DEATH			2. USUAL RESI	DENCE (HOME) OF DECEAS	ED		
COUNTY Frederick MARYLAND STATE Maryland COUNTY Freder					derick		
CITY (If outside corporate limits, write RURAL LENGTH OF STAY			CITY (If outside	CITY (If outside corporate limits, write RURAL and give nearest town)			
OR and give naarest town) Frederic	k	(in this place) Years	OR	ederick	11		
HOSPITAL OR			STREET	(If rural give location	n) ,		
STREET ADDRESS Freder	ick Memoria	l Hospital	ADDRESS 8 1	West Sixth Street			
DECEASED A	rst)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)		
(Type or Print)	21116	SYRENA	FISHER	DEATH Decen	ber 16, 19 55		
5. SEX 6. COLOR OR	7. SINGLE, MA	RRIED, 8. DATE	OF BIRTH	9. AGE last birthday IF UND	ER 1 YEAR IF UNDER 24 HRS.		
Female Colored	(Specify)	arried 1 Ju	ily 1896	59 yrs. Months	Days Hours Min.		
10a. USUAL OCCUPATION (Giva ki		KIND OF BUSINESS	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT		
dona during most of working I	A A	or industry t Home	Maryland		COUNTRY?		
13. FATHER'S NAME			14. MOTHER'S MAI	DEN NAME	0011		
Jeremiah Maha	mmitt		Carrie Ja	ackson			
15. WAS DECEASED EVER IN U. S	ARMED FORCES?	16. SOCIAL SECURITY NO.	1 17. INFORMANT	a ADDRESS 8 W. 6th	St.		
(Yes, no or unk.) (If Yes, give w	er or datas of servica)	None	Harry W.	Fisher, Frederick			
1 DISEASES OR CONDITIONS DIRE	CTIV LEADING TO DEAD	18. MEDICAL C	ERTIFICATION		INTERVAL BETWEEN		
1 DISEASES OR CONDITIONS DIK			0.1.0.0	-	ONSET AND DEATH		
019. 2 IMMEDIATE CAUSE	(A)	ORTAL CIR	KHOSIS O	FLIVER	YRS.		
ANTECEDENT CAUSE		HRONIC	ALCOHOLI	s M	TYRS.		
GIVING RISE TO THE ABOVE CA	USE		HEOOROLI	311	1 /10 3-		
STATING UNDERLYING CAUSE L		lliary Tubercu	losis				
11 OTHER SIGNIFICANT CONDITION	IS CONTRIBUTING						
TO THE DEATH BUT NOT RELATE DISEASE OR CONDITION CAUSIN		XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXX		STATE OF THE PARTY		
19a. DATE OF OPERATION	19b. MAJOR FINDING	SS OF OPERATION			20. AUTOPSY?		
~					YES NO		
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINATION DE CONTRIBUTION DE CONTRIBUTIO	ATH OF INJURY strae	ome, farm, factory, at, offica bldg., etc.)	21c. WHERE DID INJURY O	CCUR? (City or town) (Co	ounty) (State)		
21d. TIME OF INJURY (Month) (Ta. INJURY OCCURRED	21f. HOW DID INJURY O	CCUR?	tandia / Landia		
		t work at work					
22. I hereby certify tha	t I attended the de-	ceased from I NVV	, 19.55 to	16 Day , 1955 , that	I last saw the deceased		
alive on 16 Des	, 19	nd that death occurred	at 6. AM, from the	he causes and on the date sta	ited above.		
SIGNATURE	2	7		DDRESS (Street, city, town, state)	DATE SIGNED		
Hom	m &	Stone M.D.	4 W	3 rd St	16 Dec 55		
23. BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE THEREOF	NAME OF CEMETERY		LOCATION (City, town, or coun	nty) (Stata)		
Burial	19 Dec 195	5 Silver Hill		Frederick Count			
24. REC'D BY REGISTRAR	REGISTRAR'S SIGNATU	JRE	25. FUNERAL DIRECTO	DR'S SIGNATURE	ADDRESS		
19 Day 105-	80: 0 Am	0, 11 , 0	M. R. Etch	son & Son. Freder	ick. Maryland		

HYASO TO STADISTISS Valencies - -CHRIST STREET, BENEVALOR Color a good as made to take a print with PERMIT IF TELLE Eliza Charles vi Tarrabble II (II SOL 18 DEC ST. 1955

INSTRUCTIONS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11962 CERTIFICATE OF DEATH

11941

Box Diet No 131

1. PLACE OF DEATH		2. USUAL RESIDEN	CE (HOME) OF DECE	
county Frederick	MARYLAND	STATE Maryla	nd county Fi	rederick
OR end give neerest town)	LENGTH OF STAY	OD.	ate limits, write RURAL end giv	ve neerest town)
Y TOWN Libertytown	(in this piece) Years	town Liber	tytown	Y
HOSPITAL OR		STREET	(If rurel give loc	etion) /
INSTITUTION OR Main Street		ADDRESS Mai	in Street	
	(Middle)	(Lost)	4. DATE (Month)	(Dey) (Yeer)
DECEASED			OF DEATH DEC	
001 1 0011	worth	Fogle		17
S. SEX 6. COLOR OR 7. SINGLE, MARRI RACE WIDOWED, DIV	VORCED	0.0	PO -	UNDER 1 YEAR IF UNDER 24 HRS
M (Specify)	S May	12, 1883	yrs.	mas Deys Hours Min.
	ND OF BUSINESS	11. BIRTHPLACE (State or foreign		12. CITIZEN OF WHAT
	Business	Fredericl	County	GUNAY?
3. FATHER'S NAME	20.022100	1 14. MOTHER'S MAIDEN N		
		Ruth Lo	nng	
John H. Fogle s. was deceased ever in U. S. Armed Forces? 16	6. SOCIAL SECURITY NO.	I 17. INFORMANT & A	~	
	220-05-6268			antistain Md
No			rogre, pro	ertytown Md.
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	18. MEDICAL CER	TIFICATION		ONSET AND DEATH
11201	many then	love		Imagento
420, IMMEDIATE CAUSE (A)	Trains Johnson	a a a		
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B)	ten acles of	TI CVA		10 years
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	- Company	4		
STATING UNDERLYING CAUSE LAST. (C)				
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				
196. DATE OF OPERATION 196. MAJOR FINDINGS	OF OPERATION			20. AUTOPSY?
				YES NO U
21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Hom OR CONTRIBUTING CAUSE OF DEATH OF INJURY street,		21c. WHERE DID INJURY OCCUR	? (City or town)	(County) (Siele)
(IF EITHER, NOTIFY MEDICAL EXAMINER)				
21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e Wh	. INJURY OCCURRED	21f. HOW DID INJURY OCCUR	.?	The sale of the sa
	vork det work det		0 ==	
22. I hereby certify that I attended the dece	eased from 184	1954 to 4	Dec , 19 55,1	hat I last saw the deceased
alive on 3 Dec 19.55 and	that death occurred at	6: 30PM, from the c		
SIGNATURE	0.		ESS (Street, city, town, ste	
Huner 7. Jones	VITO M.D.	Usille	mille 1	W/ 5 USC 50
23. BURIAL, CREMATION, DATE THEREOF	NAME OF CEMETERY OR	CREMATORY	LOCATION (City, town, or	county) (State)
Burial Dec. 7,	55 Lingano	re	Unionville	Md.
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE		1 25. FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS
	1/ 1			Libertytown
DATE 7 Dac. 1955 Elizabetta	J. Deck	D. D. Hartz	ler & Sons	TITDET ON COMIT
O				FM

ALARYLAND STATE DEPARTMENT OF HILLIFFACE STATE CHALLYS ALA

HTARG TO STADISTIFICATE OF DEATH

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BUREAU V. S.

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BUREAU V. S.

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William Committee Control

INSTRUCTIONS		
TO ATTENDING MYSICIAN OR HOSPITAL: The law requires that the death certificate be exert The bottom copy may be retained by the hospital or attending physician.	rtificate	9×9 90
TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the	e registr	ar with
certificate has been executed by the attending physician and completely filled in by the funer death certificate assembly should be detached for use as a burial transit permit.	by the	funer
VS A15C 1-55 10M		

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

11937

11943

Reg. Dist. No. 131

1. PLACE OF DEATH				2.	2. USUAL RESIDENCE (HOME) OF DECEASED										
COUNTY F	Frederick			MARYL	AND		STATE Maryland COUNTY Frederick								
		write RURAL		LENGTH O	FSTAY		CITY (If outside corporate limits, write PUPA) and give pagest town)								
CITY (If outside corporate limits, write RURAL OR end give nearest town) Frederick CITY (If outside corporate limits, write RURAL (in this place)) Frederick Several Years			rs	Frederick						1/					
HOSPITAL OR				STREET				(If rural g	ive location	1)		1			
Ginstitution or Street Address Frederick Memorial Hospital					ADDRESS	65	Sou	th Ma	arket	Stre	et		1		
3. NAME OF DECEASE	n (Also	Known As	Ste	dela M.	Free	(Lest				4. DA	TE (M	onth)	(Day)	(Yaar)	
(Type or Print	ESTEL	LA MA	URY	JANE		REED				DE	EATH D	ecemb	er 17	19 5	5
S. SEX	6. COLOR OR	7. SINGLE	MARKED	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	8. DATE	OF BIRT	4		9.	AGE last			ER 1 YEAR	IF UNDER 2	
Female	White	(Specify	Div	orced	10 /	pril	1890)		65	yrs	Months	Days	Hours	Min.
10a. USUAL OCC	UPATION (Give kind	al wark		OF BUSINES	S	11. B	RTHPLACE	(Stata or f	oreign	country)		1	12. CITIZE	N OF WHAT	
retired) HC	most of working life, puse-work	evan if	Own]	Home		-	Mary	land					USA	ITRY?	
13. FATHER'S NA	ME					1	. MOTHER	'S MAIDI	EN NA	ME					
Edward	S. Earne	st					Clara	E. :	Poo	le					
	SED EVER IN U. S. A			SOCIAL SEC	URITY NO.		17. INFO	DRMANT	& ADD	DRESS	65	S. Ma	rket	St.,	
(Yas, no, or unk.)	(If Yes, give war o	r dates of service		Unk			Fran	k E.	Ha	rley	Fre	deric	k, Md		
I DISEASES OR	CONDITIONS DIRECT	LY LEADING TO	DEATH	18. MEI	DICAL CI	ERTIFIC	ATION							RVAL BETWE	
			10	11	,	1	20.1			de	1		ONS	CI AND DEA	ın
44011M	MEDIATE CAUSE	(A)			LLC	- /	ny	1	-1-	100	169		- 0	710	
	TECEDENT CAUSE(S) ONDITIONS, IF ANY	DUE TO	(4	400	100	in	list	titie	RI	n	Me	utes	J	-712	
GIVING RISE TO	THE ABOVE CAUS	DUE TO				20	7				/				
		(C)	14	rees	60 6	Xet	6100	Us					V	710	
TO THE DEATH	CANT CONDITIONS OF BUT NOT RELATED TO TONDITION CAUSING	O THE													
19a. DATE OF OF	PERATION	19b. MAJOR FIR	NDINGS O	F OPERATION	4									AUTOPSY	-
OR CONTRIBUTING	WAS UNDERLYING [G CAUSE OF DEATH MEDICAL EXAMINER	H OF INJURY	E (Home, street, offi	farm, factory ice bldg., etc.	i l	21c. W	HERE DID IN	JURY OC	CUR?	(City or t	own)	{Co	unty)	(State)	
21d. TIME OF INJ	URY (Month) (Dey	Year) (Hour	y 21e. It While		IRRED I while	21f. H	OW DID IN	JURY OC	CUR?		al new				
00 11		m.				1	(Target)	/	U4,	1 17	Part .	,			
22. I nereby	y certify that I	attended the	decease	ed from		·····′).	D	, to.//	···	minhagh.	., 19	i, that	l last sav	w the dece	ased
SIGNATI	141 1)	, 19.4	, and t	hat death	occurred	at 	 M,					date sta			-11
Diditare	HF	THE	0			Trad	ani als							DATE SIG	NED
23. BURIAL, CRE	MATION. I	ATE THEREOF		NAME OF	M. D.	DR CREMA	erick) INIGE	LAT	LOCATIO	N (City to	wn, or coun	TA De	c 1955	201
Burial (S	SPECIFY)	l Dec 19	55	Beaver										ryland	
24. REC'D BY RE		EGISTRAR'S SIG		Deaver	. Deall		FUNERAL				OOIIII	SATTI	ADDRESS		
		Elizabet		11.	0						222 E	madam			nd
DATE 20 Dec	2,1733	Loly abel	u S.	trac	100	TAT	R. E	OCHI	SUII	a 50	m, r.	reder	TCK,	Maryla	iid
		0													

THE DECLARATE AND AND THE MATERIAL THAT CHARGE WAS AND

3. 3 3 CERTIFICATE OF DEATH.

LIMBEL .

Attended to be the

BUREAU V. S.

DEC SI 1822



	963	CERTIFICA	ATE OF DEA	TH	Reg. Dist. I	No. 131
1. PLACE OF DEATH:	303		2. USUAL RESID	ENCE (HOME) O		
COUNTY Frede	sisk.		2	,	4 ,	/
OR and give nearest to	town)	JRAL LENGTH OF (in this pla	ce) OR	corporate limits, w		give nearest town
HOSPITAL OR INSTITUTION OR STREET ADDRESS	222270	, organ	STREET ADDRESS	(If rural	give location)	1
DECEASED:	urah	(Middle)	(Last) Gaver	4. DATE (MO)	Ionth) (Day	
5. SEX: 6. COLOR C	OR 17. SINGLE.	MARRIED, 8. I	DATE OF BIRTH:	9. AGE last birthda	y IF UNDER 1 YEA Months Day	R IF UNDER 24 HRS
OA. USUAL OCCUPATION (work done during most of	Give kind of 10B.	KIND OF BUSINE OR INDUSTRY:	SS 11. BIRTHPLACE	(State or foreign co	untry): 12. CI	TIZEN OF WHA
every if retired); 13. FATHER'S NAME	200 5 -	own hom	e mary	land AIDEN NAME:		c. 8.
Denny L. D.	randen	hung.	14. MOTHER'S M	J C. Br	sanisk	10
(Yes, no, or unk.) (If Yes, gi of service)		16. SOCIAL SECURITY N	17. INFORMANT	& ADDRESS:	20:416	to me
7	11	B. MEDICAL CERTII	FICATION		Justin	NTERVAL BETWEE
I DISEASES OR CONDITI	ONS DIRECTLY L	EADING TO DEATH				NSET AND DEAT
IMMEDIATE CAUS	SE	(A) Car	many occlus	con		suddenly
ANTECEDENT CAUSE	E (S)	UE TO	A			
DISEASES OR CONDITION GIVING RISE TO THE ABO STATING UNDERLYING CA	VE CAUSE DI	UE TO	bertension +	artorio-sel	exoses	
		(C) [Eul	arged heart.			
II OTHER SIGNIFICANT OF TO THE DEATH BUT NO	T RELATED TO T	HE Comple	ral Hemorrhage a	ug 1955		
DISEASE OR CONDITIO	198. MAJOR F	INDINGS OF OPER	ATION			20. AUTOPSY?
DISEASE OR CONDITION: 19A. DATE OF OPERATION: 21A. ACCIDENT WAS UNDER OR CONTRIBUTING CAUSI	RLYING 21B E OF DEATH OF	. PLACE (Home, farm	n, factory, 21c. WHERE INJURY OCCU	OID (City or town)	(County)	(State)
DISEASE OR CONDITIO	EXAMINER)	PLACE (Home, farm INJURY street, office 21E INJURY OCCU While Not whil at work at work	RRED 21F. HOW DID		(County)	(State)
DISEASE OR CONDITION: 19A. DATE OF OPERATION: 21A. ACCIDENT WAS UNDE OR CONTRIBUTING CAUSI (IF EITHER, NOTIFY MEDICAL E 21D. TIME (Month) (Day) OF INJURY 22. I hereby certify that	(Year) (Hour) M. I attended the	INJURY street, office 21E INJURY OCCU While Not while at work deceased from	RRED 21F. HOW DID	R? INJURY OCCUR?	that I last sa	aw the decease
DISEASE OR CONDITION: 19A. DATE OF OPERATION: 21A. ACCIDENT WAS UNDE OR CONTRIBUTING CAUSI (IF EITHER, NOTIFY MEDICAL E 21D. TIME (Month) (Day) OF INJURY 22. I hereby certify that	(Year) (Hour) M. I attended the	INJURY street, office 21E INJURY OCCU While Not while at work deceased from	BRRED 21F. HOW DID	INJURY OCCUR? **C / 8 , 19 5 \$ the causes and or	that I last san the date standare	aw the decease ated above. SIGNED
21A. ACCIDENT WAS UNDE OR CONTRIBUTING CAUSI (IF EITHER, NOTIFY MEDICAL E 21D. TIME (Month) (Day) (Day	(Year) (Hour) M. I attended the	INJURY street, office 21E INJURY OCCU While Not while at work deceased from that death occurre	irred 21f. How DID le 21f. How DID le 375, 1955 to 6 ed at 710 AM, from t	INJURY OCCUR? INJURY OCCUR? He causes and or s Aduteur	that I last san the date standare	aw the decease ated above. SIGNED -19-55

VS.



BUREAU V. S.



RAR'S

SIGNATURE

NO [

(State)

STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. No.

(If rural give location) (Day)

(Year) DEATH Decreater 9. AGE last birthday IF UNDER I YEAR IF UNDER 24 HRS.

BIRTHPLACE (State or foreign country): |12. CITIZEN OF WHAT COUNTRY,?

ONSET AND DEATH

20. AUTOPSY? Carcinezo + at crecous

24.

LOCATION (City, town, or county)

ADDRESS FUNERAL DIRECTOR

(County)

DATE REC'D, BY LOCAL

DECEIVED

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RUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH 11939

FOR MEDICAL EXAMINERS

Reg. Dist. No. 1.3.1

11947

1. PLACE OF DEATH. Judgment MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNT	< rela
OR give nearest town (in this place)	OR Bruno with	ve nearest town)
HOSPITAL OR STREET ADDRESS Freder Musical Hophila	STREET ADDRESS 6/5-8(If rural, give location)	/
3. NAME OF DECEASED (Middle) (Middle) (Type or Print) (Lec & Manganet =	(Month) (LLES) 4. DATE (Month) OF DEATH /2	(Day) (Year)
Temple 6. COLOR OR -RACE THINGS. MARRIED DILLORDED.	8. DATE OF BIRTH 9. AGE iast birtbday If under Months yrs.	I year If under 24 br
10a. USUAL OCCUPATION (Give kind of work during most of working life even if retired) INDUSTRY	11. BIRTHPLACE (State of foreign country)	2. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME (Monro	Mollie Hendelson	4
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) (If yes, give with of dates of service)	Lucale Mangum Warkington	De.
18. MEDICAL C	CERTIFICATION	INTERVAL BETWEE
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	1	ONSET AND DEATE
Immediate cause (a) Fractimes	1. Skenel	Thester
	145 F3 15	
Antecedent cause(s) Diseases or conditions, if any, (b)		
giving rise to the above cause stating the underlying cause last	*** *** *** ** * * * * * * * * * * * *	
(c)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
	1/)	Yes No
21. EXTERNAL CAUSE WAS PRIMARY FOR CONTRIBUTING OF office bldg, etc.) CAUSE OF DEATH.	Brusswick Frederick	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while work at work	Centerlist a Culvarhand	highway
22. 'I certify that I took charge of the remains described above, held an obtained by said Autopsy, Inspection or Inquiry, find that said de	Autopsy , Inspection , Inquiry thereon and ceased died on the dry stated above, and death in my	from the evidence
from: natural causes [] accident , suicide [], homicide [] SIGNATURE (Degree or title)	, undetermined []. ADDRESS Fradisuck Ml	DATE SIGNED
Boshomas mot Sapetis	medical Epiminer 15	C17-55
23 MIRIAL STREET, DATE THEREOF NAME OF CEMENT STREET, NAME OF CEMENT	ERY OR CREMATORY LOCATION (City, town, or count of count of the count	(State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 20 Dac. 1953 Em abette & Hech	24 FUNERAL DIBECTOR BUILDING	ADDRESS
	- VIIIVA III INCLUSINGUIL	

BUREAU V. S.

DEC 88 1822

3

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11965 CERTIFICATE OF DEATH

11948

Reg. Dist. No. 131

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
county Frederick MARYLAND	STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	(Il outside corporate limits, write RURAL end give neerest town)
OR and give neerest town) Frederick-Ruralan. J. #B (in this place) Years	Frederick-Rural-R.D.#3
HOSPITAL OR	STREET (If rural give location)
INSTITUTION OR STREET ADDRESS Three Pines Numering Home	ADDRESS
3. NAME OF (First) (Middle)	Yellow Springs
DECEASED	(Last) 4. DATE (Month) (Day) (Year) OF
(Type or Print) CARRIE MAY	HAHN December 26, 1955
S. SEX 6. COLOR OR 7. SINGLE, MARRIED, RACE WIDOWED, DIVORCED, 8. DAT	F OF BIRTH 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS.
Female White (Specify) Married Dece	mber 8, 1880 75 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
done during most of working life, even if OR INDUSTRY Home	Maryland USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Herman Buckey	Margaret E. Nusbaum
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
(Yes, no. or unk.) (If Yes, give wer or dates of service)	
	Mr.Maurice N. Hahn, Frederick, R.D. #3, Md.
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ERTIFICATION INTERVAL BETWEEN ONSET AND DEATH
33/X IMMEDIATE CAUSE (A) Carelinal Re	marrhage, du to myeld.
A A	**
DISEASES OR CONDITIONS, IF ANY, (B)	erlusion 10+ years
STATING UNDERLYING CAUSE LAST. DUE TO	
STATING CAUSE CAST. (C)	ellaris 10+ylars.
TO THE DEATH BUT NOT RELATED TO THE	10 1. 1 = 0 11 ti
DISEASE OR CONDITION CAUSING DEATH. 4.5. NOT aust	are Warrecular Fibrillation 1949
198. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	YES NO XX
216. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Yaar) (Hour) 21a. INJURY OCCURRED While Not while	211. HOW DID INJURY OCCUR?
M. at work at work	
22. I hereby certify that I attended the deceased from APR	1946, to DEC., 1955, that I last saw the deceased
alive on 14 DE, 19.5.5 and that death occurred	
SIGNATURE	ADDRESS (Street, city, town, stata) DATE SIGNED
halls / Cerully, Ja. M.D.	Frederick, Maryland 12/28/1955
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY	
Burial Dec.29,1955 Frederick	Memorial Park Frederick, Maryland
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	2S. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
100000000000000000000000000000000000000	M. R. Etchison & Son, Frederick, Maryland
DATE 28 Dec. 1955 Challette S. Helle	Me Me Ecchison & Both, Frederick, Maryland

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		STATE OF THE STATE	
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	Sale September		
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A Secretary			
			A CAN A SHEW OF THE PARTY
			SHOW ON THE SHOW I
EUREAU V. S.		A CHARLES INVESTIGATED	No view yell out the
The second brown was all the second s	MALE RELIGION AND AND AND		
DEC 30/ JOÉ2	ADER BOTTO		Such one of
	WITTER THE SELECTION OF	The state of the state of the	
MP	w when a rich w	ne and the health of the second	
MIST A METATION		The state of the s	

11965

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

11949
Reg. Dist. No. \3\[\]

1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED-	
MARYLAND MARYLAND	Mid- Francisco	
(If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) TOWN (in this place)	OR TOWN Conternal of Frank and give	e nearest town)
HOSPITAL OR	STREET (If rural, give location)	
INSTITUTION OR STREET ADDRESS Q.D T	ADDRESS Trades & RDZ	1
3. NAME OF DECEASED (First) (Middle) The Company of	(Last) 4. DATE (Montb) OF DEATH Control	(Day) (Year)
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED. WIDDWED, DIVORCED, (Specify)	8. DATE OF BIRTH 9. AGE last birthday If under Months yrs.	I year If under 24 brs. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	Unknown	COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	•
(Yee, no, or unknown) (If yee, give war or dates of service)	MILETLE Showden Entre	= serva
18. MEDICAL CE		INTERVAL BETWEEN
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	20 .	ONSET AND DEATH
Immediate cause (a) Coisposition	thrombosis	tions
	J	3.0
Antecedent cause(s) Diseases or conditions, if any, (b)	errisis	1/ Rec (-
giving rise to the above cause stating the underlying cause last		
(e)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY!
21. EXTERNAL CAUSE WAS PLACE (Home, farm, factory, street,	CARRY OF GOWN	Yes No M
PRIMARY OR CONTRIBUTING OF office bldg., etc.) CAUSE OF DEATH.	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF Not while at Not while Not while Not work	HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above held an A	utonsu T Inspection M Inquiry T thereon and	from the evidence
22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said decedent	ased died on the day stated above, and death in my	opinion resulted
from: natural causes accident , suicide , homicide , SIGNATURE (Degree or title)	ADDRESS 2 18 1 124	DATE SIGNED
Bliff ormand Deputy Inc.	del Burner De	628-50
23. BURIAL, CROMATION DATE THEREOF NAME OF CEMETER BULLAL (Specify) 1-2-56 E DEL N	RY OR CREMATORY LOCATION (City, town, or count	Fred Co. Md
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG.	24. FUNERAL DIRECTOR	ADDRESS
30 Dec-1955 / Elizabeth S. Heck	Charles 5. Hicks#	red. Md.

BUREAU V. S.

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BECEINED

MARYLAND STATE DEPARTMENT OF HEALTH

11967

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 131

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY
Frederick MARYLAND	mareland Carroll
OFFY (If outside corporate limits, write RURAL and LENGTH OF	
OR give nearest town) Rural (in this ply	
HOSPITAL OR TARABLE A COMMENT	STREET (II rural, give location)
INSTITUTION OR Chronic Hospital	ADDRESS
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
DECEASED (Type or Print) (appic	Harbough DEATH BEC. Let 1950
6. COLOR OR RACE 7. SINGLE, MARRIE	8. DATE OF BIRTH 9. AGE inst birthday If under 1 year If under 24 bra
Femule white WIDOWED, DIVOR	D. 11/11/1860 95 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Busine	S OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY.	1 Woods buro ml. Country U.S.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Samuel Harbough	mary Anders
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY	
Yea, no, or unknown) (If yes, give war or dates of	Merwyn C. tuss Hancytown Maryland
18. MEDIC	AL CERTIFICATION
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
MAO O	2 6 / / DEATH
Immediate cause (a) Municipal (ca)	lunche Clar Justine June
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause atating the underlying cause last	tus Yeard Tarling
- 10) William	Cherry
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	lita.
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERAT	ION 1 20. AUTOPSY?
7)	Yes No D
21. EXTERNAL CAUSE WAS PLACE (Home, farm, factory,	
PRIMARY or CONTRIB UTI NG OF Office bldg., etc.) CAUSE OF DEATH.	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Nnt while	HOW DID INJURY OCCUR?
INJURY m. work at work	
22. I certify that I took charge of the remains described above, he obtained by said Autopsy, Inspection or Inquiry, find that sa from: natural causes [] accident [], suicide [], homici SIGNATURE (Degree of title)	d an Autopsy , Inspection , Inquiry thereon and from the evidence d deceased died on the day stated above, and death in my opinion resulted de , undetermined . ADDRESS DATE SIGNED
REMOVAL (Specify)	METERY OR CREMATORY LOCATION (City, town, or county) (State)
Duria 12/4/05 Midal	burg Cenettry Middleburg Morgrand
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
1 Bec. 1955 - Elizabeth J. Herb	It Teess of Von Janeytown Mid.

MARGIN RESERVED FOR BINDING

I

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S

SECEINED

BUR

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

4	4	OAX			
ğ	7	940	CERTIFICATE	OF	DEATH

11940 CERTIFICATI	E OF DEATH Reg. Dist	t. No. 13
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	D:
COUNTY Freferick MARYLAND	state Maryland county Car	roll
CITY (if outside corporate limits, write RURAL) LENGTH OF STAY	(If outside corporate limits, write RURAL	
OR and give nearest town) (in this place) Town Frederick Iday	Town Mt. Airv	Day 2
HOSPITAL OR	STREET (If rurai give location))
INSTITUTION OR Frederick Memorial	ADDRESS	
3. NAME OF (First) (Middle) DECEASED:	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) Lottie E. Harr	1507 DEATH: 12	11 1955
5. SEX: 6. COLOR OR 7. SINCLE, MARRIED; 8. DATE RACE: WIDOWED, DIVORCED,		
F (Specify) widowed 8-29-	-1867 88 yrs. Months 1	Days Hours Min.
OA. USUAL OCCUPATION (Give kind of work done during most of working life. OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT
even if retired) housewife own home	Maryland	COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Benjamin Hood	Sarah Harrison	
S. WAS DECEASED EVEN IN U.S. ARMED FORCES! 16. BOCIAL SECURITY ND.	17. INFORMANT & ADDRESS:	
(Yes, no, or unk.) (if Yes, give war or dates	Albert Harrison, Mt. Airy	. Md .
no of service) none		
18. MEDICAL CERTIFICAT	TION	INTERVAL BETWEEN
11904)	ONSET AND DEATH
IMMEDIATE CAUSE (A) Joban /	neumonia right lower	4-5 Day
ANTECEDENT CAUSE (S) DUE TO	fille lobes	1
DISEASES OR CONDITIONS, IF ANY, (B)		
STATING UNDERLYING CAUSE LAST. DUE TO		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	levoris garealised	nen-
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO	N J	20. AUTOPSY?
		YES NO NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fac		ity) (State)
(IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURREI	D. L. Ola, HOW, BID. IN HIRV. OCCUPA	
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURREI While Not while at work at work	D 21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from	0 , 19.55, to 12-/11 , 19.55, that I las	t saw the deceased
alive on /2///, 1955, and that death occurred at		
Signature	M, from the causes and on the date	TE SIGNED
1/22 - 1/ //200	1045 (him) 1x Ford	12/11/55
	TERY OR CREMATORY LOCATION (City, town, o	r county) (State
REMOVAL (SECIFY)	ct Frederick Co.	Maryland
BURIAL 12-14-1955 Prospect	24. FUNERAL DIRECTOR	ADDRESS
REGISTRAR CO C	C. M. Waltz, Winfield,	
13 Dec 1950 - Chi stutte & Heck	and me more one a marrie and	

A15-10-53

DEC 16 1955

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11952

CERTIFICATE OF DEATH 11958

	Reg. Dist. No
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Frederick MARYLAND	state Maryland county Frederick
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR end give neerest town) (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR
X TOWNRUral Knoxville 30 yrs.	TOWN Rural Knoxville
HOSPITAL OR INSTITUTION OR	STREET (If rural give location) ADDRESS
56 STREET ADDRESS	ADDRESS ==
3. NAME OF (First) (Middle) DECEASED	(Last) 4. DATE (Month) (Day) (Yeer)
(Type or Print) Howard Marvin	Jones DEATH I2 2I 1955
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. D.	ATE OF BIRTH 9. AGE lost birthday IF UNDER 1 YEAR IF UNDER 24 HRS
Male White Widowed, DIVORCED, 5-2	T TQ7]. QT Months Deys Hours Min.
10e, USUAL OCCUPATION (Give kind of work 1 10b, KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
done during most of working life, even if "Real estate, Ins. Office	Vinginia MARYLAND COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Leouis R.Jones	ELIZABETH ANDERSON
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO	
(Yas, no, or unk.) (If Yes, give wer or delestof service)	77
110	Alfred Jones, Falls Church, Va.
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH
Or of arehan	PI humbasis 12day
260 X IMMEDIATE CAUSE (A)	1244
DISEASES OR CONDITIONS, IF ANY, (8)	activos elerosis 10 yrs
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO	
(c) V/cobele	5 Denulity 15-418
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
190. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	YES NO
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.) (IF ETHER, NOTIFY MEDICAL EXAMINER)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Dey) (Yaar) (Hour) 21a. INJURY OCCURRED While Not white at work at work	21f. HOW DID INJURY OCCUR?
22. I haveby contifue that I attended the decreed from	1954, to 12/21, 1955, that I last saw the deceased
22. I hereby certify that I affended the deceased from	19.3, to
alive on	ad at
Las Y. Bairs	ADDRESS (Street, city, lown, slet6) DATE/SIGNED
M.D. 23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETER	Y OR CREMATORY LICATION CO.
	r or crematory leights Location (City, town, or county) Brunswick, Maryland
24. REC'D BY REGISTRAR DATE 1-3-5-6 Cugenia, N. Buss	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C.H. Feete and Bro. Brunswick, Md
DATE / O D Jungeria N. Dul	

MASULAND STATE DEPARTMENT OF SEALTH-SEATTH STATE OF A TURN OF STATE OF STAT

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To _ Clea, 965 _ 172

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	tem of information carefully.	f death clearly and legibly.
VS. A15-10-53 MARGIN RESERVED FOR BINDING	PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The	correct age is especially important. Physicians: please write the causes of death clearly and legibly.
>		

correct age is especially important. Physicians:

MARYLAND STATE DEPARTMEN	T OF HEALTH—BALTIMORE, 18	11953
11969 CERTIFICATI	E OF DEATH Reg. Dist	No. 139
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	D;
COUNTY Frederick MARYLAND	STATE Maryland COUNTY Prin	ce Georges
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL	
OR and give nearest town) X TOWN Cullen (in this place) 926 days.	Town Laurel	16-41-21
HOSPITAL OR INSTITUTION OR Victor Cullen State Hospital	STREET (If rural give location) ADDRESS Washington Boulevard	L
	(Last) 4. DATE (Month) (Day) (Year)
DECEASED: (Type or Print) Luther E.	Leanhart December	23, 19 55
RACE: WIDOWED DIVORCED	9. AGE last birthday If under 1 1899 56 yrs. Months I	YEAR IF UNDER 24 HRS. Days Hours Min.
IOA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT
work done during most of working life, even if retired): Truck driver Truck Driver	Maryland.	J. S. A.
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Eugene Leanhart	Laura Studebaker	
(Yes, no, or unk.) (If Yes, give war or dates of service)	Luther E. Leanhart, Laurel, 1	aryland.
18. MEDICAL CERTIFICAT I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TON	INTERVAL BETWEEN
OO 2 X IMMEDIATE CAUSE (A) Pulmonary T	'uberculosis	3 years.
ANTECEDENT CAUSE (\$)		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO		
(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	A STATE OF THE STA	
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	N	20. AUTOPSY?
C ARRAMATA TO USA		YES NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	etc. INJURY OCCUR?	ty) (State)
OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OF INJURY OR INJURY	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from June	10. 1953, to Dec. 23 19.55 that I last	saw the deceased
alive on Dec. 23, 1955, and that death occurred at	7:40 M, from the causes and on the date p.m. ADDRESS DA	stated above. re signed
DEMOVAL (COECIEV)	ERY OR CREMATORY LOCATION (City, town, or cd, U.ofMd. Medical School	r county) (State)
DATE REC'D BY LOCAL REGISTRATE SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
REGISTRAR 12/27/55	M. L. Creager & Son, Thurmo	

BUREAU V. S.

DEC 30 1822

BECEINED

Robert E.

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carefully. information of item Supply write tl K. MARGIN UNE WITH PLAINLY, WRITE 9 0 PLEA

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death

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Physicians

important.

especially

COUNTY

3. NAME OF

5. SEX:

No

SUICIDE

REGISTRAR

INJURY

Female

BUREAU V. S.

NSTRUCTIONS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11955

11941 CERTIFICATE OF DEATH

	m1-4		131
Reg.	Dist.	No	TOT

I. PLACE OF DEATH		2. USUAL RESID	ENCE (HOME) OF DECE	ASED
COUNTY Frederick	MARYLAND	STATE Maryl	and county Fr	rederick
CITY (If outside corporate limits, write RURAL OR and give nearest town)	LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town)		
// Frederick	Years	or Frederick		
HOSPITAL OR	1 1001 0	STREET	(If rural give loc	etion)
INSTITUTION OR STREET ADDRESS Frederick Memoria	1 Hospital	ADDRESS	07 Lee Place	
3. NAME OF (First)	(Middle)	(Lest)	4. DATE (Month)	(Dey) (Year)
(Type or Print) AUSTIN	HENRY	McDEVITT	DEATH DOCA	ember 25, 1955
5. SEX 6. COLOR OR 7. SINGLE, MAI	RRIED. 8. DATE	OF BIRTH		UNDER 1 YEAR IF UNDER 24 HRS
Male White (Specify) M		7 26 7002	52 yrs. Mo	onths Deys Hours Min.
	arried Apri	1 26, 1903 11. BIRTHPLACE (State or f.	1 /6	1 12. CITIZEN OF WHAT
done during most of working life, even if	OR INDUSTRY		orangin country;	COUNTRY?
Foreman • Eve	redy Company	Maryland		USA
13. FATHER'S NAME		14. MOTHER'S MAIDE	IN NAME	
Charles McDevitt		Nora S	haffer	
15. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT		Place.
(Yes, no, or unk.) (If Yes, give wer or detes of service)	21/1-10-3616	Mrs. Grac		rederick, Madylan
	18. MEDICAL C	ERTIFICATION	e comcheviou.	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEAT			/	ONSET AND DEATH
584 IMMEDIATE CAUSE (A)	ente 716	Merthaji	e-Danciela	L. 2 1848
ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	jace st	suas J	7	nuck
(C)				
IX OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				
196. DATE OF OPERATION 196. MAJOR FINDING	S OF OPERATION			20. AUTOPSY? YES XX NO
21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Ho OR CONTRIBUTING CAUSE OF DEATH OF INJURY Street	ome, ferm, fectory, d, office bldg., etc.)	21c. WHERE DID INJURY OC	CUR? (City or town)	(County) (Stele)
W	le. INJURY OCCURRED /hile Not while work et work	21f. HOW DID INJURY OC	CUR?	
22. I hereby certify that I attended the decalive on 19 man, ar signature	neased from Stell and that death occurred	at 5:00P M, from the	e causes and on the date DRESS (Street, city, town, ste Ck, Maryland	stated above.
23. BURIAL, CREMATION, REMOVAL (SPECIFY)	NAME OF CEMETERY	OR CREMATORY	LOCATION (City, fown, or	county) (State)
Burial Dec. 29,195	Mount Olive	et Cemetery	Frederick,	Maryland
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATU		25. FUNERAL DIRECTOR	R'S SIGNATURE	ADDRESS
DATE 28 Dec 1955 Chiabeth	y. Heila	M. R. Etch	ison & Son, Fre	ederick, Marylan

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CERTIFICATE OF DEATH

S. N. Line and S.

BUREAU V. S.

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and a mount of the the things of the contract of the contract

• ATTENDING AYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH 11942

MARYLAND STATE DEPARTMEN	NT OF HEALTH-BALTIMORE, 18
11942 CERTIFICATE	OF DEATH 11956
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Frederick MARYLAND	STATE maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL OR and give neerest town) The limits with RURAL (In this place) If your or and give neerest town)	CITY (If outside corporata limits, write RURAL and give neerest town) OR FOWN Frederick
HOSPITAL OR INSTITUTION OR Frederick mem. Hospital	STREET (If rural give location) ADDRESS
3. NAME OF (First) (Middle) (Type or Print) VIRGINIA	(Lest) 4. DATE (Month) (Dey) (Yeer) OF DEATH DEC, 28 19 55
S. SEX 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) naved 1-	
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Robert n meredith	nannie a. Rose
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unk.) (If Yas, give war or datas of service) 227-05-900	9 mrs. merefith mercer (den liter)
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TIFICATION INTERVAL BETWEEN ONSET AND DEATH
4201 IMMEDIATE CAUSE (A) Congestive	etailure 6 Mos
ANTECEDENT CAUSE(S) DUE TO	1 1 1 7 1 3
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	or mysearded inferction ! years
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. OUT CLUBAR Filter	lation + Vent. rile (?) 1 2, MOS
190. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	YES NO (State)
	21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from alive on August 19.7. and that death occurred at	
Charles IX Corley M.D. F	ADDRESS (Street, city, town, state) ADDRESS (Street, city, town, state) DATE SIGNE 12/28/5
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial 12-3/-5-5 Hayl	CREMATORY LOCATION (City, Jown, or county) /(State) thevelle Com. Hytheville - Viv.
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS

THE ARTHUR STATE DEPARTMENT OF WEALTH-SATVINGED, IS

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ATTENDING

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

11943

11957

131 Reg. Dist. No ...

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
county Frederick MARYLAND	STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Frederick LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL end give neerest town) OR TOWN Frederick
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital	STREET (If rural give location) ADDRESS 300 Park Avenue
3. NAME OF DECEASED (Type or Print) BENJAMIN FRANKLIN	k Misibler 4. DATE (Month) (Day) (Year) OF DEATH December 4, 19 55
Male White (Spacify) Widowed 9	TE OF BIRTH 9. AGE last birthday Nov 1872 9. AGE last birthday F UNDER 1 YEAR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even life of holdstry retired Retired Deliveryman Dairy	11. BIRTHPLACE (State or foreign country) Maryland 12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James A. Miller	Lucretia Longman
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS 300 Park Ave.,
(Yes, no, or unk.) (If Yes, give war or dates of service) None	Miss Esther V. Miller, Frederick, Md.
18. MEDICAL C	CERTIFICATION INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
420.0 IMMEDIATE CAUSE (A) Cerebral hemor	rhage 3 days
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) Arterioscleros	sis - arteriosclerotic heart 4 yrs.
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	disease
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
198. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Homa, farm, factory,	YES NO X 21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.)	Zic. WHEKE DID INJURY OCCUR? (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21a. INJURY OCCURRED While at work at work	21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from6/1/	19.55., to 12/4/, 19.55., that I last saw the deceased
alive on12/1/	at 2:40P M, from the causes and on the date stated above. ADDRESS (Streat, city, town, slate) Page 1955 APPLICATION OF THE SIGNER ADDRESS (Streat, city, town, slate) Date Signer Frederick, Maryland 5 Dec 1955
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY	
Burial 7 Dec 1955 Mount Oliv	et Cemetery Frederick, Maryland
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	M. R. Etchison & Son, Milederick, Maley and
DATE 17 bligateth & Seek	, (/

SARYLAND STATE DEPARTMENT OF HEALTH-SALTIMONE, 18

CERTIFICATE OF DEATH

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S.V UALRUA	
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DEPARTMENT OF THE PARTMENT OF

RE, 18 11958 Reg. Dist. No. 131 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

1147		
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
county Frederick MARYLAND	STATE Maryland COUNT	y Frederick
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and	give nearest town)
OR and give nearest town) Rural-Mt. Pleasant (in this place) 2 months	Frederick	- 11
HOSPITAL OR INSTITUTION OR	STREET (If rural give location)	1
STREET ADDRESS	ADDRESS 210 South Carroll Stre	et
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day)	(Year)
(Type or Print) Joshua Ell Mur	phy DEATH: Dec. 14	19 55
RACE; WIDOWED, DIVORGED,	OF BIRTH: 9. AGE last birthday: If UNDER I YE. Months Day	
	15-4889 66 yrs.	
10a. USUAL OCCUPATION. Give kind of 10b. KIND OF BUSINESS OF work done during most of working life, INDUSTRY:	R II. BIRTHPLACE (State or foreign country): 12. C.	UUNIKI!
even if retired): Brakeman Electric Railway	Maryland	USA
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
William Elias Murphy	Mary Phelps	
15 WAS DECEASED EVER IN U.S.ARMED FORCES? 16. SOCIAL SECURITY No.: 17. (Yes, no, or unk.) (If Yes, give war or dates of	. INFORMANT & ADDRESS:	
No service) None M	rs. Edward L. Cramer-Rt. 1-Mt. Pl	easant-Md.
18. MEDICAL CERTIFICATI	ION	Interval Between
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		Onset And Death
Immediate cause (a) Pulmonary Met	tas fases of Carcinoma	111Ylouths
DUE TO		
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO	+ largax	s. Thy ears
(c)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY ?
		Yes No P
2I. ACCIDENT (Specify) PLACE (Home, farm, factory, street office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (S	(ATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURED While at Not While INJURY m. INJURY OCCURED Work ☐ At Work ☐	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from April.	1042 to 120 18 195 that I last s	aw the deceased
alive on 1) at 1.4, 19.5.5., and that death occurred at	ADDRESS DA	re signed
S. R. Schoolian mi).	/ I shall I la	2-16-55
DEMOVAL (Charify)	RY OR CREMATORY LOCATION (City, town, or cou	
	Cemetery Frederick-Maryla	ADDRESS
REGISTRAR COLOR COLOR		
16 Dec. 1955 Chalulle 3. Heck	C. E. Cline V Son Frederick-Md	•

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10	The	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	11000
· Marie		11944 CERTIFICATE OF DEATH Reg. Dist	. No. 13
(2)	carefully legibly.	1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASE	D:
	carefull legibly.	COUNTY FI-ederick MARYLAND STATE Md COUNTY CAT	roll
A		CITY (If outside corporate limits, write RURAL LENGTH OF STAY CHTTIf outside corporate limits, write RURAL OR and give nearest town) (in this place)	and give nearest town)
	tion	Frederick 22 days Detour Rural	06x-2
	information clearly and	HOSPITAL OR (If rural give location) INSTITUTION OR FEDERAL MEmorial	/
	inf	3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (Day) (Yesr)
	em of i	DECEASED: (Type or Print) Ernest D. Myers DEATH: 12	10 1955
	item of of death	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, RACE: 8. DATE OF BIRTH: 9. AGE last birthday 1 UNDER 1	YEAR IF UNDER 24 HRs. Days Hours Min.
		M (Specify) Married 3/5/8 5 60 yrs.	
5	every	10A. USUAL OCCUPATION (Give kind of working life. OR INDUSTRY:	COUNTRY?
	ly e	even if retired Carpenter Self Employed Carroll Co. MD U.	S.A
BINDLA	Supply te the c	2.0	
	. 2	Rufus Myers Mary C. Gouker 15. WAR DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS:	
FOR	INK se w	(Yes, no, or unk.) (If Yes, give war or dates no No No No Bessie Myers	
		18. MEDICAL CERTIFICATION	INTERVAL BETWEEN
VE	ADING is: plea	1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
RESERVED	'AL	157 XIMMEDIATE CAUSE (A) Adenocarcinoma of the body of the	l yr.
ES	UNF	ANTECEDENT CAUSE (S) DUE TO PANOTOAS	
	2.	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO	
611	WITH at. Phy	STATING UNDERLYING CAUSE LAST.	
MARGIN		(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
X	LY, orts	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
	PLAINLY, lly importa	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	LA ly		YES NO
	WRITE PI especially	21a. ACCIDENT WAS UNDERLYING ☐ 21a. PLACE (Home, farm, factory. 21c. WHERE DID (City or town) (Coun OR CONTRIBUTING ☐ CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? (IF EITHER, NOTIFY MEDICAL EXAMINER)	ty) (State)
	VRI	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While Not while	
	10	M. at work at work	
	oR is	22. I hereby certify that I attended the deceased from //// , 1955, to 12/10, 1955, that I last	
53	त्म व	alive on 1953, and that death occurred at 739 M, from the causes and on the date	stated above.
10		1/6 1/ (1 - 1 + F. 2)	12/10/55
	SE	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, o	r county) (State)
A15	LEASE	Burial Dec. I3.1955 Keysville Cem. Keysville Cari	coll co.Md
Š	PL	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR 19 .L. Creager & Son. Thurmo	nt MD

DATE REC'D BY LOCAL REGISTRAR 1955

BECENED

SEC 13 1955

MILEAU V. S.

. =	11079 CERTIFICATI	E OF DEATH Reg. Dist	No. 139
	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	D:
legibly.	COUNTY Frederick MARYLAND	STATE Maryland COUNTY Balt	timore City
r	CITY (If outside corporate limits, write RURAL on and give nearest town) TOWN Cullen LENGTH OF STAY (in this place) 172 days.	CITY(If outside corporate limits, write RURAL so OR TOWN Baltimore	0
-	HOSPITAL OR	STREET (If rural give location)	3V01-4
1	INSTITUTION OR Victor Cullen State Hospital	ADDRESS 1634 Aliceanne Stre	eet,
	3. NAME OF (First) (Middle)		Day) (Year)
	DECEASED: (Type or Print) Roland Francis	Nelson OF DEATH: December	
	Male White Specify: Widower Decem	Uer 1, 1900)) yrs.	ays Hours Min.
(OA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Seaman		CITIZEN OF WHAT COUNTRY?
•	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
	George Nelson	Celia Reed	
	S. WAS DECEASED EVER IN U.S. ARMED FORCEST (Yes, no, or unk.) (If Yes, give war or dates of service) 16. Social Security No.	Roland F. Nelson, 1634 Alicean	nne St., Balto
	18. MEDICAL CERTIFICATIONS DIRECTLY LEADING TO DEATH	rion	INTERVAL BETWEEN ONSET AND DEATH
	THIN EDIX IE CAOOL	Tuberculosis.	10 months.
	ANTECEDENT CAUSE (\$)		
	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO		
	(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	N	20. AUTOPSY? YES NO
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO 21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor of the contributing Cause of Death of the contributing Cause of Death of the contributing Cause of Death of the contribution of the co		YES NO
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a, DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATIO	etory, 21c. WHERE DID (City or town) (Count, etc. INJURY OCCUR?	YES NO
- W - W -	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: 21a. ACCIDENT WAS UNDERLYING OF OPERATION OF INJURY Street, office bldg. (IF EITHER, NOTIFY MEDICAL EXAMINER) 21b. TIME (Month) (Day) (Year) (Hour) 21c. TIME (Month) (Day) (Year) (Hour) M. 21c. INJURY OCCURRED While Not while at work	ctory, 21c. WHERE DID (City or town) (Count, etc. NJURY OCCUR?	YES NO X
- WO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO 21A. ACCIDENT WAS UNDERLYING OF INJURY Street, office bldg. (15F EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) 21D. TIME (Month) (Day) (Year) (Hour) 21 INJURY OCCURRED While Not while at work 22. I hereby certify that I attended the deceased from June 22. I hereby certify that I attended the deceased from June	21c. WHERE DID (City or town) (County) 21f. HOW DID INJURY OCCUR? 20, 1955, to Dec. 9, 1955, that I last 11:00 _M , from the causes and on the date A.M. ADDRESS DAT	YES NO STATE (State) Saw the deceased stated above.
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO 21A. ACCIDENT WAS UNDERLYING DEATH OF INJURY Street, office bldg. (11b. TIME (Month) (Day) (Year) (Hour) OF INJURY 21c. TIME (Month) (Day) (Year) (Hour) OF INJURY 21d. Not while at work at work at work 22. I hereby certify that I attended the deceased from June alive on Dec. 9, 1955, and that death occurred at SIGNATURF	21c. WHERE DID (City or town) (County, etc. INJURY OCCUR? 21f. HOW DID INJURY OCCUR? 20, 1955, to Dec. 9, 1955, that I last 1:00M, from the causes and on the date A.M. Address DAT Cullen, Maryland Decemb	yes No (State) saw the deceased stated above. TE SIGNED er 10, 1955
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO 21A. ACCIDENT WAS UNDERLYING DEATH OF RONTRIBUTING CAUSE OF DEATH OF INJURY Street, office bldg. 21B. PLACE (Home, farm, fac OF INJURY Street, office bldg. OF INJURY Street, office bldg. While Not while at work at work 22C. I hereby certify that I attended the deceased from June alive on Dec. 9, 1955, and that death occurred at SIGNATURF	ctory, etc. 21c. WHERE DID (City or town) (County, etc. INJURY OCCUR? D 21f. HOW DID INJURY OCCUR? 20, 1955, to Dec. 9, 1955, that I last 11:00M, from the causes and on the date A.M. Address DATA Cullen, Maryland December Of City, town, or DERY OR CREMATORY LOCATION (City, town, or	yes No (State) saw the deceased stated above. TE SIGNED er 10, 1955 county) (State)

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DEC 13 1822

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CATALTRACT STORY				

every item of information carefully.

Supply

WITH UNFADING INK.

especially important. Physicians:

correct age

23. BURIAL, CREMATION, REMOVAL (SPECIFY)
Burial

please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMEN	NT OF HEALTH—BALTIMORE, 18	11961
440₩0		t. No./38
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	
COUNTY Frederick MARYLAND	STATE Mary and COUNTY Fre	danier
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	Y CITY (If outside corporate limits, write RURAL	
TOWN RUVE - Mt. Airy 13 years	TOWN Rural - Mt. Airy	V
HOSPITAL OR	STREET (If rural give location) /
STREET ADDRESS Route 1 - (Bartholows)	ADDRESS Route 1. Barth	olows)
3. NAME OF (First) (Middle) DECEASED:	OF 2	(Day) (Year)
(Type or Print) Apram 6 dyfield t	DEATH: DECEMI	
Male 6. COLOR OR 7. SINGLE. MARRIED, 8. DATE WIDOWED, DIVORCED, (Specify Married May)	Manthal	Days Hours Min.
OA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country): 12	
even if retired): Trackman Reilroad	Moryland	4. S.
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	7, 00
William Washington Poole	Eliza Virginia Hall	
(Yes, no, or unk.) (If Yes, give war or dates of service) 18. Social Security No. 219-20-033(17. INFORMANT & ADDRESS:	
18. MEDICAL CERTIFICA		INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	hild all the property of the second	ONSET AND DEATH
IMMEDIATE CAUSE (A) COPON	ary Thrombosis	21 hours
ANTECEDENT CAUSE (S) DUE TO	clevatic Heart Disease	severa/
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	0,000,000,000	yeors.
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO	ON	20. AUTOPSY?
0		YES NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fa OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg	actory, 21c. WHERE DID (City or town) (Cou INJURY OCCUR?	nty) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRE While Not while at work	ED 21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from may	, 1950, to December, 1955, that I las	st saw the deceased
alive on December 6, 1965, and that death occurred a SIGNATURE	at 159 A.M. from the causes and on the date	
	M.D. net. airy ned. De	comber 7, 1953
23 BURIAL CREMATION. DATE THEREOF NAME OF CEME	TERY OR CREMATORY / LOCATION (City, town,	or county) (State

PLEASE TYPE OR WRITE PLAINLY, 10 - 53 A15 VS.

55 Pleasant Hill SIGNATURE K. Falcorus Oli

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

DATE REC'D BY LOCAL REGISTRAR - 1955

DATE THEREOF

Dec.9,1955

Monro d. Co

BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11962

11945 CERTIFICATE OF DEATH

eg. Dist. No. 144

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY Frederick MARYLAN		erick
CITY (If outside corporate limits, write RURAL LENGTH OF S	STAY CITY (If outside corporete limits, write RURAL and give neare	st town)
OR and give nearest town town Trederick Several	1 minuter Lewistown, Md.	V
HOSPITAL OR	STREET (If rural give location)	
9 STREET ADDRESS Frederick Memorial Ho	ADDRESS	
3. NAME OF (First) (Middle) DECEASED	OF	(Dey) (Year)
(Type or Print) Charles Clayton	Putman Dec.	19, 19 55
5. SEX 6. COLOR OR 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE lest birthday IF UNDER 1	
Male White Specify Married	October.31,1881 74 yrs. Months	Days Hours Min
10e, USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country) 12.	CITIZEN OF WHAT
dona during most of working life, avan If retired Car penter 400 Contractor	Creagerstown, Md.	USA TRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	ME EL ME IS
Greenberry Putman	Ida Joy Putman	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURI	ITY NO. 17. INFORMANT & ADDRESS	
(Nas, no, or unk.) (If Yes, giva wer or dates of sarvice)	6849 Bessie Mort Putman Lev	ristown Ma
18. MEDIO		INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	. 0 1.0	ONSET AND DEATH
422. IMMEDIATE CAUSE (A) myoca	rdial failure	chors.
ANTECEDENT CAUSE(S) DUE TO		7
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE	re myscardins	
STATING UNDERLYING CAUSE LAST, DUE TO	-c a lamesia	7
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	year oys	•
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19e. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
	K PARALLER OF THE STREET STREET	YES NO Z
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21c. WHERE DID INJURY OCCUR? (City or town) (County	/) (Stete)
21d. TIME OF INJURY (Month) (Day) (Yeer) (Hour) 21e. INJURY OCCURR While Not w	/hila	
M. at work Li at wor		
22. I hereby certify that I attended the deceased from.	Re. 2, 19.55, to Nec. 19, 19.55, that I I	ast saw the decease
alive on Nec. 18 , 19 50 , and that death oc	ccurred at.3.2.154.M, from the causes and on the date stated	above.
SIGNATURE OO' TO'	ADDRESS (Sireet, city, town, state)	DATE SIGNE
	M.D. Hurmont hid.	12 20 22
REMOVAL (SPECIFY)	METERY OR CREMATORY LOCATION (City, town, or county)	(State)
	d Brethern Cem. Thurmont,	Md.
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE A	DDRESS
DATEACC. 20 1955 Blanche S. Zy	Key M.L. Creager and Son Thu	rmont Md.

STATE OF STATE OF SEATHERS OF SEALTH-BALTIMORE 18-HASO CERTIFICATE OF DEATH Res 200 190 144 . M. Erat Cimau wered this detained and the desired the BUREAU V. S. DEC 83 1822 A DE DE LA COLLEGIO D missers, with the necessary the selection of the

ST. SEARCH LAND STREET OF THE REPORT OF THE PERSON OF THE

CERTIFICATE OF DEATH

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THE RESERVE OF STREET, STREET,

THE DEC IS DEC 18 THE PROPERTY OF THE PROPERTY

MARYLAND STATE DEPARTMENT OF HEALTH

11974 CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 131

I. PLACE OF DEATH! 2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY COUNTY STATE Frederick Maryland Frederick MARYLAND CITY (If outside corporate limits, write RURAL and | LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) OR give nearest town) -Rural-R.D.#1 (in this place) Adamstown-Rural-R.D.#1 TOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS STREET (If rural, give location) ADDRESS Near Bucketstown Near Buckeystown 3. NAME OF 4. DATE (First) (Middle) (Last) (Month) (Day) (Year) DECEASED REMSBURG December 25 (Type or Print) NETTIE LEOTA DEATH 19 55 7. SINGLE, MARRIED, WIDOWED, MARRIED, (Specify) 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE last birtbday | If under 1 year | If under 24 hrs. | Months | Days | Hours | Min. Female White July 12,1927 10a. USUAL OCCUPATION (Give kind of work 11. BIRTHPLACE (State or foreign country) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT done during most of working life, even if retired)
Housewife COUNTRY Home Marvland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Nattie Ramsburg Charles Kolb 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. (Yes, no, or unknown) | (If yes, give war or dates of Mr.WilliseD. Remsbarg.Adamstown.R.D.#1.Md. service) None 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH youthat there heart Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death bul not related to the disease or condition causing death. 20. AUTOPSY? 19a. DATE OF OPERATION) 19b. MAJOR FINDINGS OF OPERATION Yes 🗆 No XX (CITY OR TOWN) (STATE) 21. EXTERNAL CAUSE WAS PLACE (Home, farm, factory, street, (COUNTY OF office bidg., etc.)
INJURY

UIT) + INJURY OCCURRED PRIMARY FOR CONTRIBUTING CAUSE OF DEATH. Ms HOW DID INJURY OCCUR? TIME (Month) (Day) (Year) (Hour) While at Sur Shal mound So work at work 22. I certify that I took charge of the remains described above, held an Autopsy [...], Inspection 27, Inquiry [...] thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deccased died on the day stated above, and death in my opinion resulted from: natural causes [] acciden , suicide , homicide , undetermined ... DATE SIGNED SIGNATURE (Degree or lille) Deputy Medical Examiner, Frederick, Maryland herrago. NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) 23. BURIAU, CREMATION DATE THEREOF Burial (Specify) Dec.28.1955 St. John's Cemetery Treagerstown, Maryland REGISTRAR'S SIGNATURE DATE REC'D BY LOCAL M. R. Etchison & Son, Frederick, Maryland

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	11965
11975 CERTIFICATE OF DEATH Reg. Dis	st. No. 131
1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASE	ED:
COUNTY Heelerick MARYLAND Story County Level	enak
CLPP (If outside corporate limits, write RURAL LENGTH OF STAY CITY of the corporate limits, write RURAL (in this place)	and give nearest town
X TOWN Heiderick- Ruel 2 days Townwow Bridge 17	wal x
HOSPITAL OR STREET ADDRESS (If rural give location ADDRESS)	1)
4 STREET ADDRESSON TY Chronic Hospital Homsville	
3. NAME OF (First) (Middle) (Last) 4. DATE (Month)	(Day) (Year)
DECEASED: (Type or Print) FANNIE BELLE REPP DEATH: DEATH:	19 1955
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF BIRTH: 9. AGE last birthday IF UNDER 1 Months Specify: 8. DATE OF BIRTH: 9. AGE last birthday IF UNDER 1 Months	Days Hours Min.
OA. USUAL OCCUPATION (Give kind of 10B KIND OF BUSINESS 11. BIRTHPLACE (State or foreign country): 12 work done during most of working life, OR INDUSTRY:	COUNTRY?
even if retired Clathing Magn. Mary Cana	U.S.
3. FATHER'S NAME:	
William Repp Catherine Here	
S. WAS DECEASED EVER IN U.S. ARMED FORCEST IS. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS: (Yes, no, or unk.) (If Yes, give war or dates	
200 of sarrice 215-18-1792 Hospitel records	
18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN
1 DISEASES OF CONDITIONS BIRECTED ELABING TO BEATS	ONSET AND DEAT
IMMEDIATE CAUSE (A) Crewal Commission	3day
ANTECEDENT CAUSE (S)	0
GIVING RISE TO THE ABOVE CAUSE DUE TO	10 years
STATING UNDERLYING CAUSE LAST.	30 140
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	Jean
TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH	20. AUTOPSY?
	YES NO
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory, 21c. WHERE DID (City or town) OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR?	nty) (State)
(IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work 21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from April, 1950, to 19 12., 1955, that I las	st saw the decease
alive on 19 Dec, 1955, and that death occurred at 12 40km, from the causes and on the date	stated above.
1 Part of Made	ATE SIGNED
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town.	or county) (State
REMOVAL (SPECIFY)	+ 1110
DATE REC'D BY LOCAL REGISTRAN'S SIGNATURE 24. FUNERAL PIRECTOR	ADDRESS \
REGISTRANCE 20/55 Eliabeth & Her & Old Rosthle House Church	Bula Mu

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DEC 88 1955

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I. PLACE OF DEATH:	1 2. USUAL RESIDENCE (HOME) OF DECEASE	D:
E	STATE MD COUNTY FREG	- CICI-
COUNTY TOEDERICE MARYLAND CITY (If outside corporate limits, write RURAL) LENGTH OF STAY		
OR and give nearest town) (in this place)	OR FREDERICK	11
HOSPITAL OR	STREET (If rural give location)	
STREET ADDRESS FREDERICK MEM. HOSP.	ADDRESS 309 MADISON ST.	/
3. NAME OF (First) (Middle) DECEASED:		Day) (Year)
(Type or Print) //NA /RANCES	DEATH.	1955
RACE: WHOOMED DIVERCED	2-55 9. AGE last birthday Months I	Days Hours Min.
OA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): OB. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12.	
3. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
ROLAND FOREMAN	FAY INEZ RIVRERA	
S. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	17. INFORMANT & ADDRESS:	
18. MEDICAL CERTIFICA	TION	INTERVAL BETWEEN
ANTECEDENT CAUSE (\$) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO HYPO PRO DUE TO	OTHROMBINE MIA	
(C) PREMAT II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	URITY	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	И	20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor of the contributing 21B. PLACE (Home, farm, factor of the contribution) 21B. PLACE (Home, farm, factor of the cont		ty) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRE While Not while at work	D 21F. HOW DID INJURY OCCUR?	
	ADDRESS DA. M. D. 220 N. MARKET ST 12-	stated above. re signed 20-37
BULLATING 17-77-75 FAIL	TERY OR CREMATORY LOCATION (City, town, or	county) (State
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

11967 131 Reg. Dist. No.

11948				Reg. Dist. No	131
1. PLACE OF DEATH	2.	USUAL RESIDE	NCE (HOME) OF	DECEASED	
COUNTY FREDERICE MARYL	AND	STATE MD	COLINE	FREDE	RICK
CITY (If outside corporate limits, write RURAL LENGTH O	F STAY		porata limits, write RURAL		
OR end give nearest town) (in this p	1	OR			
HOSPITAL OR	/ay	FIRE	DERICK		//
INSTITUTION OR FREDERICK MEMORIAL,	Hosp.	ADDRESS 463	West South	Street	1
3. NAME OF (First) (Middle) DECEASED (Type or Print) BABY BOY SHAN	(Lest)		4. DATE (MOF DEATH	onth) (Dey) DEC. 23	3
5. SEX 6. COLOR OR 7. SINGLE, MARRIED.	1 8. DATE OF BIRT	H	9. AGE last birthday	I IF UNDER 1 YEAR	17 - 0
m RACE WHOWED DIVORCED, (Specify) Jung/2	12-23	-55	yrs	Months Deys	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant 10b. KIND OF BUSINES OR INDUSTRY		MARYLA MOTHER'S MAIDEN			ZEN OF WHAT UNTRY?
13. FATHER'S NAME PAUL SHANK	1	MARG A		NEBUR	NEE
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SEC	URITY NO.	17. INFORMANT &	ADDRESS	116101	MCK
(Yas, no, or unk.) (If Yas, give war or dates of service) None		Mother			
T DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 773 5 IMMEDIATE CAUSE ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)	IMM!	FAILUR	Z E	0	NSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING					
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.					
196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	N				20. AUTOPSY?
					ES NO V
21e. ACCIDENT WAS UNDERLYING ☐ 21b. PLACE (Home, ferm, factor) OR CONTRIBUTING ☐ CAUSE OF DEATH OF INJURY street, office bidg., etc (IF EITHER, NOTIFY MEDICAL EXAMINER)	y, 21c. W	HERE DID INJURY OCC	UR? (City or town)	(County)	(Stete)
	URRED 21f. He	OW DID INJURY OCC	UR?		1 1 25-
22. I hereby certify that I attended the deceased from	12-23	10 5 - 1	7 - 73 1- 1-		
alive on 2.2.3, 19, and that death	occurred at 52	M, from the	causes and on the DRESS (Street, city, to	date stated abo	taw the decease ove. DATE SIGNE
Ina / Madeel In	M.D. 27	on h	achel		123.37
PRINCIPAL (SDECIEV)	t Olivet Co		Frederick		(State)
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25.	FUNERAL DIRECTOR	S SIGNATURE	ADDRE	SS
27 27 Dec 10-2- 8/4 2 00 le Hard	O M	. R. Etchi	son & Son.	Frederick	. Md.

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DEC 88 1952



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5. SEX: Male

MARYLAND	STATE DEPARTMI	ENT OF HEALT	TH—BALTIMORE, 18	44000
11976	CERTIFICAT			11968 st. No. 145
1. PLACE OF DEATH:		2. USUAL RESID	ENCE (HOME) OF DECEMSED	lerick
COUNTY Frederick	MARYLAND	STATE Mar		UNTY
CITY (If outside corporate limits, write OR and give nearest town) TOWN Rural Myersvill	e RURAL LENGTH OF STA	CITY (If outsi	de corporate limits, write RURAL	The state of the s
IIOSPITAL OR INSTITUTION OR STREET ADDRESS Route	#2	STREET ADDRESS	(If rural give location (If rural give location)	on)
3. NAME OF DECEASED: (Type or Print) JERRY		(Last) BMITH	OF DEATH: Dec. 25	
Male RACE: WIDO	owed, pivorced, gify):single Mai		3 yrs.	Days Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS INDUSTRY:	Frederi	E (State or foreign country): 12 Ck, Md.	COUNTRY? U.S.A.
I3. FATHER'S NAME:		14. MOTHER'S MA	IDEN NAME:	
Raymond Smith			Green	
15 WAS DECRASED EVER IN U.S. ARMED FORCES. Yes, no, or unk.) (If Yes, give war or dates of service)	f		obress: h, Myersville, M	Id.Rt.#2
1. DISEASES OR CONDITIONS DIRECTI	a) Consulta		disease	Interval Between Onset And Death
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE	o to Cerebra	& Palsy)	
 OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but related to the disease or condition causin 	not			
9a. DATE OF OPERATION: 19b. MAJO	R FINDINGS OF OPERATIO	N		20. AUTOPSY ?
1. ACCIDENT (Specify) PLA	CE (Home, farm, factory, str	eet. (CITY OR TOV	VN) (COUNTY)	Yes No (STATE)
SUICIDE OF INJU	office bldg., etc.)	(0111 016 107	(0001111)	
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURED While at Not While Work □ At Work □	HOW DID INJUI		
22. I hereby certify that I attended t		,1957, to		st saw the deceased

22. I hereby ce alive on A., 19.5., and that death occurred at SIGNATURE (Degree or title) from the causes and on the date stated above.

(Degree or title) DATE SIGNED ADDRESS BURIAL, CREMATION, REMOVAL (Specify)
Burial NAME OF CEMETERY OR CREMATORY DATE (State) LOCATION (City, town, or county)

Dec 27 1955 U Brethern Plant Jacobs Plant Pl easant DATE REC'D BY LOCAL REGISTRAR F. Bittle, Myersville,

DECEINED

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BUREAU V. S.

DEC 38 1952



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FUNERAL DIRECTOR: The serificate has been executed leath certificate assembly shoul

certificate

death certificate

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 131 1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED Frederick STATE Maryland COUNTY Frederick MARYLAND CITY (If outside corporete limits, write RURAL OR end give neerest town) LENGTH OF STAY CITY (If outside corporete limits, write RURAL end give neerest town) (in this plece) Frederick-Rural-R.D.#5 Years Frederick-Rural-R.D.#5 STREET (If rurel give location) INSTITUTION OR ADDRESS STREET ADDRESS Near Braddock Heights Near Braddock Heights 3. NAME OF (Lest) 4. DATE (Month) DECEASED EDWARD (Type or Print) DEATH December 24. 5. SEX 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, 9. AGE lest birthdey IF UNDER 1 YEAR 1F UNDER 24 HRS RACE White (Specify Widower June 7, 1878 Male 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT done during most of working life, even If OR INDUSTRY COUNTRY? Retired Pharmist Drug Store Baltimore USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Unknown 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS (Yes, no, or unk.) (If Yes, give wer or dates of service) 211-10-1673 Mrs. Russell H. Yinger, Frederick, R.D. #5, 18. MEDICAL CERTIFICATION INTERVAL BETWEEN . I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Right Adrenal Gland 1120.0 IMMEDIATE CAUSE DUE TO ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19e. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES XX NO 21e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21c. WHERE DID INJURY OCCUR? (City or town) 21b. PLACE (Home, ferm, fectory, (County) OF INJURY street, office bldg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Dey) (Yeer) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? While Not while et work et work 22. I hereby certify that I attended the deceased from Dec., 1954, to 14 Dec., 1955, that I last saw the deceased alive on 24 Dec., 19 James, and that death occurred at 10 A.M. from the causes and on the date stated above. ADDRESS (Street, city, town, stete) 453 WST BURIAL, CREMATION, REMOVAL (SPECIFY) DATE THEREOF NAME OF CEMETERY OR CREMATORY Dec .28 1955 REGISTRAR'S SIGNATURE Buria] Baltimore Cemetery Baltimore. 24. REC'D BY REGISTRAR 25. FUNERAL DIRECTOR'S SIGNATURE M. R. Etchison & Son, Frederick, Maryland

SE THE MITTAGE HTT AUST TO THE WELL STATE ON A PYSAM. GTASGRAD ENADISHED Teller He was to be to be with the METERS AND PROPERTY OF THE PARTY OF THE PART THE RESERVE THE PROPERTY OF THE PERSON OF TH Total Commence of the commence PROTESTED BY DESIGNATION OF THE PARTY OF THE THE RESERVE ASSESSMENT OF THE RESERVE AND ADDRESS OF THE PARTY OF THE CONTRACTOR OF THE STATE OF THE B. V. UABRUA DEC 88 1955

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(Year)

IF UNDER 24 HRS

Hours

INTERVAL BETWEEN

20. AUTOPSY

NO

(State)

DATE SIGNED

YES |

CITIZEN OF WHAT

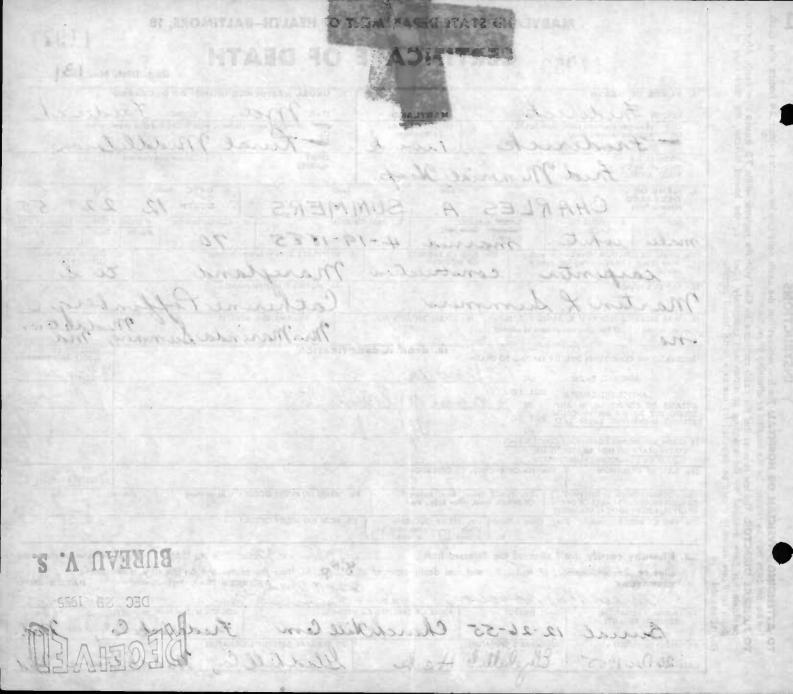
COUNTRY ?

1955

Reg. Dist. No. 3

(Dey)

Days



DEC 13 1962

EUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH 11952

1. PLACE OF DEA							E (HOME) OF	PECEASI	ED
COUNTY Frede:	rick porate limits, write RU	AD A1	MARYLAND		STATE Mar				lerick
	est town) ederick	, AAL	30 Yea		OR TOWN FI		te limits, write RURAL	end give ne	eerest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS F:	rederick	Memorial :	Hospital		STREET ADDRESS 71	1 Mo	tter Avenu	ive locetion)
3. NAME OF DECEASED (Type or Print)	(First) BARBARA	(Mi	iddla) N	1000	Lest)		4. DATE (MO		(Day) (Yea 1ber 12, 195
s. sex 6. co		SINGLE, MARKED, WIDOWED, DIVO (Specify) W100	8.	DATE OF E	BIRTH		AGE lest birthdey	Months	ER 1 YEAR IF UNDER Doys Hours
10e. USUAL OCCUPATION dona during most of retirad) House	N (Give kind of work working life, even it -WOPK	I 10b. KIND	OF BUSINESS	11.	BIRTHPLACE (Stete		713.	1	12. CITIZEN OF WHA
13. FATHER'S NAME Daniel Smi	th		•		Mary Ke				
15. WAS DECEASED EVER	R IN U. S. ARMED F	ORCES? 1 16 9							
(Yas, no or unk.) (If Yes	s, give war or dates	of sarvica)	None 18. MEDIC						Motter Ave
	IONS DIRECTLY LEAD E CAUSE (A T CAUSE(S) DUE NS. IF ANY.	of sarvica)	None		Mrs. Le		F. Esterly		lerick, Md.
I DISEASES OR CONDITION I DISEASES OR CONDITION ANTECEDENT DISEASES OR CONDITION GIVING RISE TO THE AB STATING UNDERLYING TO THE DEATH BUT NO	IONS DIRECTLY LEAD E CAUSE (AT CAUSE(S) DUE NS, IF ANY, BOVE CAUSE CAUSE LAST. (IONDITIONS CONTRIL ONDITIONS CONTRIL OT RELATED TO THE	DING TO DEATH A) TO B) TO C)	None		Mrs. Le	wis :	F. Esterly		lerick, Md.
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WILDER CERTIFICATE OF DEATH

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BULEAU V. S.

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TO ATTENDING

CERTIFICATE OF DEATH 11978

County C	1. PLACE OF DEATH			2. USUAL RESIDE	NCE (HOME) OF	DECEASED	
CITY (If outside composets limits, write RUPAL and give nearest town) A DAWN Prederick-Rural-R.D.#3 LENGTH OF STAY (If outside composets limits, write RUPAL and give nearest town) This product of the product of th	county Frederick		MARYLAND	STATE Maryla	nd county	Frederi	ck
Mostland or Prederick_Rural_R.D.#3 Years Street Aportic Prederick_Rural_R.D.#3 Hostitud or Street Aportic	OR end give neerest town)	rrite RURAL	LENGTH OF STAY	CITY (If outside corp.			
STREET ADDRESS HAINSOITVILLE STREET ADDRESS HAINSOITVILLE	X JOWN Frederick-R	ural-R.D.#3		W 00 14 10 4 -	rick-Rural-	-R.D.#3	
3. NAME OF DECEASED (First) (Middle) (Last) 4. DATE (Month) (Day) (Ye DECEASED (Type of Print) (GUSTA SAMUEL SAMUEL WACHTER PART DECEMBER 20, 19 ACE (Last December 20, 19 Month) (Pay) (Ye DECEMBER 20, 19 Month) (Day) (Ye DECEMBER 20, 19 Month) (Day) (Note Mid of Work and of Work Bid	INSTITUTION OR	ille		STREET ADDRESS	(Il rurel g		
SAMUEL WACHTER December 20, 19	3. NAME OF (First)		(Middle)		4. DATE (Mo	onth) (Dey)	(Yee
SEX 6. COLOR OR RACE RAPERTO WINDOWED, MAJOR CENTRE SHORTS MAJOR RACE RAPERTO WINDOWED, MAJOR COLOR OR RACE RACE RACE RACE RACE RACE RACE RAC	(Tues as Delat)	TA	SAMUEL	WACHTER.	D	ecember 2	0. 19
Male White (Specify) Widower November 16,1877 78 yr. Months Days Routs 100. USUAL OCCUPATION (Give kind of work or diversional development of working life, even if the relived) Farmer 101. BRIMPLACE (State or foreign country) 102. COUNTRY? 103. FATHER'S NAME JOHN Philip Wachter 104. MOTHER'S MAIDEN NAME JOHN Philip Wachter 105. WAS DECLASED EVER IN U. S. ABMED FORCES? (Ver. 100. gr. unl.) (If Yes, play awe or deless of service) NOTE 10 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 10 DISEASES OR CONDITIONS IF ANY. (B) GIVING RISE TO THE ABOVE CAUSE (A) ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS IF ANY. (B) GIVING RISE TO THE ABOVE CAUSE TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION (COUNTRIBUTING) TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION (COUNTRIBUTING) TO ADDRESS (STORE) (The ADOVE CAUSE (B) NOW While (B) STATE OR CONDITION (COUNTRIBUTING) TO RECONTRIBUTING CAUSING DEATH (FITTHER, NOTHEY MEDICAL EXAMINE) TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION (COUNTRIBUTING) TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION (COUNTRIBUTING) TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION (COUNTRIBUTING) TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION (COUNTRIBUTING) TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION (COUNTRIBUTING) TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION (COUNTRIBUTING) TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION (COUNTRIBUTING) TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION (COUNTRIBUTING) TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION (COUNTRIBUTING) TO THE DEATH BUT NOT RELATED TO THE DEATH (THE	5. SEX 6. COLOR OR	1 7. SINGLE, MARRI	ED. 8. DA			IF UNDER 1 YEAR	IF UNDER
10b. KIND OF BUSINESS OR COUNTRY FARM OF WILDING TO HELD THE RESTRICT OF COUNTRY TUSA 13. FATHER'S NAME JOHN Philip Wachter 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, bo, or unk.) (If Yes, give wer of deles of service) I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH JOHN PRINCE (A) ANTECEPRIT CAUSE(S) I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH JOHN PRINCE (A) ANTECEPRIT CAUSE(S) DUE TO DISEASES OR CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISTASES OR CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISTASES OR CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISTASES OR CONDITIONS OF PRATION 199. DATE OF OPERATION 199. DATE OF OPERATION 190. MAJOR FINDINGS OF OPERATION 200. AUTOP: William of INJURY (Month) (Dev) (Yeer) (Hour) street, office bidg., etc.) While of INJURY (Month) (Dev) (Yeer) (Hour) at work of the w	Male White	(Specify) Wi	dower Nov				Hours
Tarmer Farm Owner Maryland USA	done during most of working life a	of work 10b. KIN	ID OF BUSINESS	11. BIRTHPLACE (State or fore	ign country)		
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Interest	John Phi						
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I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 18. MEDICAL CERTIFICATION MITERYALL BETT ONSELAND CONSELAND	4 No No			Mr. George	S. Wachter	Frederic	k,R.D.
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ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST OCCONTRIBUTION 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19e. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOP: YES NO NO CONTRIBUTING CAUSE OF DEATH OF INJURY Street, office bidg., etc.) 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITIONS CONTRIBUTING OR CONTRIBUTION CAUSING DEATH OF INJURY Street, office bidg., etc.) 19c. ACCIDENT WAS UNDERLYING TO SIDNING SOFT OPERATION 21c. WHERE DID INJURY OCCUR? (City or town) (Steet of INJURY (Month) (Dey) (Yeer) (Hour) M. et work 12 Sidn How DID INJURY OCCUR? While Not while et work 12 Sidn How DID INJURY OCCUR? While Not while et work 13 Sidn How Did Injury OCCUR? ADDRESS (Street, city, town, stele) DATE SIGNATURE 23. BURIAL, CREMATION, BURIAL, CREMATION, BURIAL, CREMATION, DATE THEREOF NAME OF CREMETERY OR CREMATORY LOCATION (City, town, or county) CHYCLE STATES NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) CHYCLE STATES LOCATION (City, town, or county) CHYCLE STATES LOCATION (City, town, or county) DATE SIGNATURE 23. BURIAL, CREMATION, BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) LOCATION (City, town, or county) CHYCLE STATES LOCATION (City, town, or county) CHYCLE STATES LOCATION (City, town, or county) CHYCLE STATES LOCATION (City, town, or county)	5810 IMMEDIATE CALLES	IN The	Pagerne	in Blenn	ML.	62	· see
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II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19e. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING COURTED OF INJURY Street, office bidg., etc.) 21e. ACCIDENT WAS UNDERLYING OF INJURY Street, office bidg., etc.) 21e. MALE OF INJURY MEDICAL EXAMINER) 21e. INJURY OCCURED While Not while of work 10 the work	DISEASES OR CONDITIONS, IF ANY,	(B) CE	urlos	the of less	~	46	las
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19e. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPY YES NO OR CONTRIBUTING CAUSE OF DEATH OF INJURY Street, office bidg., etc.) 21c. WHERE DID INJURY OCCUR? (City or town) (County) (Siele OF OPERATION 22. I HOW DID INJURY OCCUR? (Siele OF OPERATION 23. BURIAL, CREMATION,	STATING UNDERLYING CAUSE LAST.			2 0 1	4	212	10 1 1
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OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.] 21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) While of work 21d. INJURY OCCURRED While of work 21d., 1930, to 22d., 1935, that I last saw the dealive on 22d., 1935, and that death occurred at 7:00PM, from the causes and on the date stated above. SIGNATURE ADDRESS (Street, city, town, stele) DATE SIGNATURE ADDRESS (Street, city, town, stele) DATE SIGNATURE ADDRESS (Street, city, town, stele) DATE SIGNATURE ADDRESS (Street, city, town, or county) DATE THEREOF NAME OF CEMETERY OR CREMATORY CHralesville, Maryland CHralesville, Maryland	19e. DATE OF OPERATION 19						
22. I hereby certify that i attended the deceased from 12 12 1930 to 1955, that I last saw the de alive on 1956, 1956, and that death occurred at 7:00PM, from the causes and on the date stated above. ADDRESS (Street, city, town, stele) DATE SI BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY CHralesville, Maryland CHralesville, Maryland	0	041 01 4 05 04			R? (City or town)	(County)	(State)
alive on alive on alive on alive on the date stated above. SIGNATURE ADDRESS (Street, city, town, stele) DATE SIGNATURE M.D. Frederick, Maryland 12/21/2 23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY Burial Dec 22, 1955 Zion Reformed Cemetery CHralesville, Maryland	21e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	OF INJURY street, o					
alive on 3. 19. 3. and that death occurred at 7:00PM, from the causes and on the date stated above. ADDRESS (Street, city, town, stele) DATE SIGNATURE M.D. Frederick, Maryland 12/21/ 23. BURIAL, CREMATION, PEMOVAL (SPECIFY) Burial Dec 22, 1955 Zion Reformed Cemetery CHralesville, Maryland	21e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Yeer) (Hour) 21e. Whil	INJURY OCCURRED Not while		R?		
ADDRESS (Street, city, town, stele) DATE SIGNATURE M.D. Frederick, Maryland 12/21/ 23. BURIAL, CREMATION, DEMONAL (SPECIFY) Burial Dec 22, 1955 Zion Reformed Cemetery CHralesville, Maryland	21e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Dey)	(Yeer) (Hour) 21e. Whil	INJURY OCCURRED Not while of work	21f. HOW DID INJURY OCCU		S that I last sa	w the dec
Burial Dec 22, 1955 Zion Reformed Cemetery CHralesville, Maryland	21e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Dey) 22. I hereby certify that i	(Yeer) (Hour) 21e. Whill M. et w.	INJURY OCCURRED Not while et work	214. HOW DID INJURY OCCL	K 30, 195	, that I last sa	w the dec
Burial Dec.22,1955 Zion Reformed Cemetery CHralesville, Maryland	21e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Dey) 22. I hereby certify that is alive on the control of	(Yeer) (Hour) 21e. Whill M. et w.	INJURY OCCURRED Not while et work	21f. HOW DID INJURY OCCU	causes and on the	date stated above	w the dec
Burial Dec.22,1955 Zion Reformed Cemetery CHralesville, Maryland	21e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Dey) 22. I hereby certify that is alive on SIGNATURE	(Yeer) (Hour) 21e. Whii et w.	injury occurred Not while ork ot work ased from that death occurred M.D.	21f. HOW DID INJURY OCCU 2, 19.30 , to 22 1 at 7:00PM, from the ADD Frederice	causes and on the RESS (Street, city, took, Maryland	date stated abov	e.
	21e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Dey) 22. I hereby certify that is alive on SIGNATURE 23. BURIAL, CREMATION BENCHAL (SPECIFY)	OF INJURY street, c (Yeer) (Hour) 21e. While M. et w attended the decea	INJURY OCCURRED Not while et work ased from Many A that death occurred M.D. NAME OF CEMETERY	21f. HOW DID INJURY OCCU 2 1, 19.30 to 2 1 at 7:00PM, from the ADD Frederic	causes and on the RESS (Street, city, took, Maryland	date stated abov	e.
DAY 2 1955 The Watter of M.R. Etchison & Son, Frederick, Maryla	21e. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Dey) 22. I hereby certify that i alive on SIGNATURE 23. BURIAL, CREMATION, BURIAL, BURIA	OF INJURY street, c (Yeer) (Hour) 21e. While M. et w attended the decea	INJURY OCCURRED Not while et work ased from Many A that death occurred M.D. NAME OF CEMETERY	21f. HOW DID INJURY OCCU	causes and on the RESS (Street, city, took, Maryland LOCATION (City, tow CHralesvi SIGNATURE	date stated abov wn, stete) 1 1/2 vn, or county) ADDRESS	e. 2/21/3 (S

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, IC

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BUREAU V. S.

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DELATEDER

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11976

CERTIFICATE OF DEATH

11930

Reg. Dist. No.140

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED		
COUNTY FREDERICK MARYLAND	STATE MARYLAND COUNTY FREDERICK		
CITY (If outside corporate limits, write RURAL DELLENGTH OF STAY	CITY (If outside corporete limits, write RURAL end give neerest town)		
OR end give neerest town) TOWN NEW MIDWAY VEARS	OR TOWN NEW MIDWAY RURAL X		
HOSPITAL OR	STREET	(If rurel give location)	71111
INSTITUTION OR STREET ADDRESS	ADDRESS		
3. NAME OF (First) (Middle)	(Lest)	4. DATE (Month)	(Dey) (Year)
(Type or Print) E ZRA DHVID WEI	ZEL	DEATH DEC	26 1955
5, SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE C	OF BIRTH 9	. AGE lest birthdey IF UNDER	
M W (Specify) M FEB	2-1880	75 yrs. Months	Deys Hours Min.
10e, USUAL OCCUPATION (Give kind of work done during most of working life_even If OR (NDUSTRY	11. BIRTHPLACE (State or foreig	n country) 12	COUNTRY?
retired) TENANT FARMER	MARYLAI	V.D	USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN N	AME	
HENRY WETZEL	MARY	NAILL	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & A	DDRESS	
(Yes, ho, or unk.) (If Yes, give wer or dates of service) None	MRS EDGA	R LAMBERT	KEYMAR MI
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TIFICATION		ONSET AND DEATH
11221 muscaulia	I lilling		17 hrs.
ANTECEDENT CAUSE (A) DUE TO	Januare		7
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DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO		1	7
(C) Teneralizer	arterros	elevosis	
TO THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OF CONDITION CAUSING DEATH.			
190. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION			20. AUTOPSY?
			YES NO
21s. ACCIDENT WAS UNDERLYING ☐ 21b. PLACE (Home, ferm, fectory, OR CONTRIBUTING ☐ CAUSE OF DEATH OF INJURY street, office bidg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	21c. WHERE DID INJURY OCCUR	? (City or town) (Cou	nty) (State)
21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY OCCURRED While Not while et work	21f. HOW DID INJURY OCCUR	?	
22. I hereby certify that I attended the deceased from 24.	5 10 55 to 10a	c. 7.6 10 5 5 short	last and the demand
alive on			
signature		auses and on the date state (ESS (Street, city, town, state)	DATE SIGNED
M. Frankli Birely M.D.	Thurmon	Tred!	12/26/55
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR REMOVAL (SPECIFY)	CREMATORY	LOCATION (City, town, or count	y) (State)
BURIAL 12/29/55 LINGANO	IRE	FREDERICK	CO MD
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS UNION
DATE DEC 30.1953 LO POLORE	DD HARTZI	LER +SONS	BRIDGE
			MD

MARYLAND SYAYS DEPARTMENT OF HEARTH-EATHORS, 58

CERTIFICATE OF DEATH

BUREA

JUST & MAL

Carlotte and the Na

2411 N. Charles Street, Baltlmore

11981

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH. COUNTY Neoliniak C 0 MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED- STATE MANUAL COUNTY	Medicoll
OR give nearest kown) OR give nearest kown) Town	OFFY (II outside corporate limits, write RURAL and COR TOWN Turiel And Ageliniak	rive noarest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural, give location)	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) CHARLES PATIRICH	WILLIS OF DEATH DEC	20 1953
6. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORGED, (Specify) ARRIVAL	8. DATE OF BIRTH 9. AGE last birthday If under SEPT / D 1/875 80 yrs. Months	r I year If under 24 hrs
10a. USUAL OCCUPATION (Give kind of work done during finest of working life, even if jettled) INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY!
13. FATHER'S NAME, Marley V. Willis	14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	Henry Lu Willis Twolisists	come
18. MEDICAL CE		
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Luteninging Ells	ma,	1 Iling
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	Jan.	1 spar
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	7 anns	will.
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
U	A COUNTY ON MONING	Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) HOMICIDE INJURY	Trasmed Kinges Freder	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work Atwork	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Ital 20) , 19 , to, 19 , that I last	saw the deceased
alive on	ADDRESS and on the date s	stated above. DATE SIGNED
1 hot Hammenlehum		
BREMOVAE (Specify) Dec 22 1933 Vallown		90 mg
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	Loy W. Barber Og	ADDRESS-
		100

The correct age

DEC 88 1952

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11932

CERTIFICATE OF DEATH

Reg. Dist. No. 131

· ·		
1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED-	TV 1
Treceum MARYLAND	INCL Fred	anda)
OR give nearest town	CITY (If outside corporate limits, write RURAL and	glve nearest town)
TOTAL Frederick June 50 gis.	TOWN Trodeules	
HOSPITAL OR A INSTITUTION OR A INSTITUTION OR	STREET (If rural, give location)	15A-1
STREET ADDRESS/Maabena/Wirsey Home	E. Valnut	2 4
3. NAME OF (First) (Middle) DECEASED	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) UNN SOPITA W	ILSON DEATH /2	13 1955
6. COLOR OR RACE 7. SINGLE, MARRISD WIDOWED, DIVORCED,	8. DATE OF BIRTH 9. AGE last birthday If und	
lemale while (Specify) surger	///7//8/3 80 yrs.	
10a. USUAL OCCUPATION (Give kind of work) 10b. KIND OF BUSINESS OR done during post of working life, even if retired) INDUSTRY	11/BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	454.
The The The Thirty	14. MOTHER'S MAIDEN NAME	. 0
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	uga
(Yes, no, or unknown) (If year, give war or dates of	m. P. I Do A.	0
service)	ins and mosale	7
18. MEDICAL CER	RTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	-	ONSET AND DEATH
Immediate cause Antecedent cause(s) Antecedent cause(s)	confineation	I mentre
Intinediate course		
Antecedent cause(s)		
Diseases or conditions, If any, (b)	***************************************	
giving rise to the above cause stating the underlying cause last		
II. OTHER SIGNIFICANT CONDITIONS	**************************************	******
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNT	
SUICIDE OF office bldg., etc.) HOMICIDE INJURY		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF While at Not While INJURY m. Work At work		
now 1	105 Marc 13 10 7	
22. I hereby certify that I attended the deceased from	, 1953, to Dec 13, 1955, that I last	
alive on Dec/ 7, 19.5.5, and that death occurred at	20 m., from the causes and on the date	stated above.
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
H Lamena Takinis Mil	Freducial Mod	215-55
23. BURIAL, CREMATION DATE NAME OF CEMETER		
REMOVAL (Specify) 15/1/15	the standard of the standard o	(State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
REGION 1955 - Elizabeth & Hoch	Harris Carldes Troder	h mis
	7/1-2	1 10.01

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY,

The correct age

BECEINED

DEC 1 @ 1022

BUREAU V. S.